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DLN: 93493132009360

Form **990**

Return of Organization Exempt From Income Tax

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

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

A Fo	rthe 2	2008 ca	lendar yea	ar, or tax year beginning	07-01-2008 and ending 06-30-200	9		
3 Che	eck if ap	plicable	Please	C Name of organization SAINT JOSEPH REGIONAL	MEDICAL CENTER-		D Employer ider	tification number
√ Add	dress cha	ange	use IRS label or	SOUTH BEND CAMPUS INC			35-0868157	
– Nai	me char	nge	print or	Doing Business As (SEE SCHEDULE O FOR LIS	ST)		E Telephone nui	nber
– _{Init}	al retur	'n	type. See Specific	Number and street (or P.C	box if mail is not delivered to street addre	ss) Room/suite	(574) 335-5	
– Ter	mınatıoı	n	Instruc- tions.	5215 HOLY CROSS PARKW		issy Room, suite	G Gross receipts	\$ \$ 245,412,563
– _{Am}	ended r	eturn		City or town, state or coul	ntry, and 7IP + 4		ł	
_		pending		MISHAWAKA, IN 4654514				
API	Jication	pending				1		
				me and address of Princi 'LHECK	pal Officer		s a group return f	or □ Yes 🔽 No
				HOLY CROSS PARKWAY	(affilia	tes/	j Yes Je No
				WAKA,IN 465451469		H(b) Are all	l affiliates included	I?
l la	x-exem	pt status	У 501(с	:) (3) ◀ (insert no)	47(a)(1) or 527	1		See instructions)
W	eb site	e: 🕨 www	w sjmed co	m		H(c) Grou	p Exemption Nun	nber ► 0928
(Typ	e of org	anızatıon	Corporat	tion trust association	other -	L Year of Fo	rmation 1958 M S	tate of legal domicile IN
Pa	rt I	Sumi						
		•		-	or most significant activities			
<u>ల</u>		HEALT	HCARE SE	RVICES				
<u> </u>								
<u>.</u>	2	Chackt	his hov F	if the organization disco	ntinued its operations or disposed o	f more than 2	5% of its assets	
sovemance								14
					g body (Part VI, line 1a)			14 13
Acumines &					the governing body (Part VI, line 11	o)		2,196
2				mployees (Part V, line 2)			5 _	595
3				olunteers (estimate if ne			° _	525,054
•					om Part VIII, line 12, column (C) m Form 990-T, line 34	•	7a 7b	113,168
	В	Net um	erateu bus	mess taxable income no	111 Form 9 90-1 , time 34			
		C t	h	d avanta (Dant VIII lina	4.63	Pric	or Year	Current Year
<u>o</u>	8			d grants (Part VIII, line		1,171,258	1,057,589	
eur	9				2g)		201,149,887	237,986,729
Revenu	10				(A), lines 3, 4, and 7d)		761,149	-2,069,479
_	11		-		es 5,6d,8c,9c,10c,and11e)	_	6,343,626	5,516,887
	12	10tair	evenue—a	ad lines 8 through 11 (n	nust equal Part VIII, column (A), lin		209,425,920	242,491,726
	13	Grants	and simila	ar amounts paid (Part IX	, column (A), lines 1-3)		320	5,000
	14	Benefi	ts paid to d	or for members (Part IX,	column (A), line 4)			0
	15	Saları	es, other co	ompensation, employee	benefits (Part IX, column (A), lines !	5-		
8		10)					80,205,635	97,701,035
Expenses	16a	Profes	sional fund	draising fees (Part IX, co	lumn (A), line 11e)			0
ਡੋ	ь	(Total f	undraising ex	penses, Part IX, column (D),	line 25 ⁰)			
	17	Other	expenses	(Part IX, column (A), line	es 11a-11d, 11f-24f)		120,111,278	161,701,870
	18	Total	expenses—	-add lines 13–17 (must	equal Part IX, line 25, column (A))		200,317,233	259,407,905
	19	Reven	ue less ex	penses Subtract line 18	from line 12		9,108,687	-16,916,179
8 8 8 8						Beginni	ng of Year	End of Year
9.44 4.45 4.45	20	Total	assets (Pa	rt X, line 16)			130,925,593	99,291,327
net Assets of Fund Balances	21	Totall	ıabılıtıes (I	Part X, line 26)			43,442,852	74,659,871
ğ <u>Ş</u>	22			nd balances Subtract lin	e 21 from line 20		87,482,741	24,631,456
	1111		ature Bl		22		0,,,02,,,12	21,001,100
					xamıned this return, including accompanying	schedules and s	tatements, and to th	e best of my knowledge
					ation of preparer (other than officer) is base			
Plea		I					-05-12	
Sign Here		Signa	ature of office	er		Date		
	_		RY L HECK SI					
		F ¹yp∈	or print nam	ie anu tide			<u> </u>	
		Preparer				Check If self-	Preparer's PTIN (S	Gee Gen Inst)
Paid		signature	· 🏲			empolyed 🕨 🦵		
	arer's		ame (or your	rs L			EIN L	
Jse (Only		nployed), and ZIP + 4	/			EIN Þ	
		ĺ					Phone no 🕨	
	the IDG	L Sidiscus	s this rati	irn with the preparer sho	wn above? (See instructions)			┌ Yes ┌ No
y I	LIIG ING	_ a.scus		the preparer silo	aboro (occ matiactions)			, , , 140

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission	D MODE INCODMATION			
	HEALTHCARE SERVICES - SEE SCHEDULE H FO	R MORE INFORMATION			
2	Did the organization undertake any sthe prior Form 990 or 990-EZ? .	gnificant program s	ervices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin	g or make sıgnıfıcar • • • • •	it changes in how it cond	lucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1)	trusts are required to re	port the amount of grants	
4a	(Code) (Expenses \$ SAINT JOSEPH REGIONAL MEDICAL CENTER ACUTE-CARE HOSPITAL IN SOUTH BEND, IN MEMBER OF TRINITY HEALTH, AN INDIANA I HOLY ROMAN CATHOLIC CHURCH FOR MOR	- SOUTH BEND CAMPUS DIANA THE HOSPITAL PI IOT-FOR-PROFIT CORPO	, INC (THE HOSPITAL), A NO ROVIDES SERVICES TO RESID DRATION SPONSORED BY CAT	ENTS OF THE LOCAL GEOGRAPH HOLIC HEALTH MINISTRIES, A P	IC REGION THE HOSPITAL IS A UBLIC JURIDIC PERSON OF THE
4b	(Code) (Expenses \$	e.	ıncludıng grants of \$) (Revenue \$)
	THE MISSION STATEMENT FOR THE HOSPITA SPIRITTO IMPROVE THE HEALTH OF OUR CO				OSPEL TO HEAL BODY, MIND AND
 4с	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	, , ,			, ,	,
4d	Other program services (Describe	n Schedule O 1			
	(Expenses \$	including grants o	f\$) (Revenue \$)
4e	Total program service expenses \$	199,721,51	.8 Must equal Part IX, l	 Line 25, column (B).	

Part IV	Checklis	st of F	Required	Schedules

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

Part VI

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R.	37		Νo

Pa	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	210			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.		
2-	gaming (gambling) winnings to prize winners?	 I		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	2,196			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ		Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	- 55	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited	-		
_	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		ľ	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	iat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more 2	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	7c		NI -
الد	file Form 8282?	7d		/c		N o
u	The rest, indicate the number of Forms 6262 med during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?		-1 500(-1/3)	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		L I		<u> </u>	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	· .		9b		
10	Section 501(c)(7) organizations. Enter	ــا	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	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	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

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

- 1 m/ //	 2711	 1167 //	 01 1 1	

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
1a	Enter the number of voting members of the governing body 1a 14								
b	Enter the number of voting members that are independent 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
b	each committee with authority to act on behalf of the governing body?	8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No					

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL J BOARDLEY

837 EAST CEDAR ST STE 350 SOUTH BEND, IN 466172000 (574) 427-6083

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

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

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

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

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	(B) Average hours per week		(i tion that a			II			(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Отпоен	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					_					
			_	Ш	\dashv					
					-					
			-		\dashv					
				\vdash	\vdash					
			1							
1b Total			<u>. </u>	Ш.			>	1,516,754	7,112,345	2,074,919

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►41

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

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

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	(C) Compensation	
SOUTH BEND MEDICAL FOUNDATION 530 N LAFAYETTE BLVD SOUTH BEND, IN 46601	LABORATORY SERVICES	11,512,500	
ACUTE NEPHROLOGY SERVICES 250 E DAY RD MISHAWAKA, IN 46545	PROFESSIONAL MEDICAL SERVICES	1,385,240	
st Joseph Valley anesthesia Po Box 1742 South Bend, in 46634	ANESTHESIA SERVICES	1,285,814	
AMERICAN HEALTHCARE STAFFING ASSOCIATION PO BOX 945 TRAVERSE CITY, MI 49685	PROFESSIONAL MEDICAL SERVICES	1,225,246	
GREAT LAKES ANESTHESIA PC 500 N NAPPANEE ST ELKHART, IN 46514	ANESTHESIA SERVICES	1,070,721	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	1		Kevende		1012,010,0.01.
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
ou Ou	_	F d	1b					
æ. ⊞	С	Fundraising ev	ents 1c					
#ਲੋ≅	d	Related organ	ızatıons1d	1,028,390				
₹ E	e	Government gran	nts (contributions) 1e	29,199				
a د د د د	f	All other contribut	tions, gifts, grants, and not included above		İ			
ê¥		similar amounts i	1f					
草草	g		ributions included in					
ಶಹ	h		 es 1a-1f)....		1,057,589			
	ļ			<u>▶</u>				
<u>e</u>	2a	NET PATIENT SVO	C DEV	Business Code 900,099	237,986,729	237,986,729		
eg E	b	NET PATIENT 3VC	, KLV	900,099	237,986,729	237,986,729		
æ	c							
15.e	d							
<u>2</u>								
Ē	e							
Program Serwce Revenue	f	All other progi	ram service revenue]				
<u>č</u> 	g	> \$ 237,986,7						
	3		come (including divi	· · · · · · · · · · · · · · · · · · ·	845,483			845,483
			imounts)	▶	643,463			643,463
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .						
			(ı) Real	(II) Personal				
	6a	Gross Rents	804,009					
	ь	Less rental expenses						
	c	Rental income or (loss)	804,009					
	d	· · ·	ome or (loss)		804,009			804,009
			(ı) Securities	(II) O ther				
	7a	Gross amount	(1) 000 011111100	5,875				
		from sales of assets other						
	ь	than inventory Less cost or	2,914,885	5,952				
		other basis and sales expenses	, ,	,				
	С	Gain or (loss)	-2,914,885	-77				
	d	Net gain or (lo	ss) 		-2,914,962			-2,914,962
	8a	Gross income events (not in	from fundraising					
e		\$ of contribution	 ns reported on line					
듄		1c) See Part	IV, line 18					
ě		Attach Schedul \$15,000	e G ıf total exceeds					
<u>.</u>	ь		xpensesb					
Other Revenue	c		(loss) from fundrais					
,	9a	Gross income		<u>►</u>				
	-	activities See	part IV, line 19					
		Complete Schedexceeds \$15,00						
			a					
	b	Less directe	xpensesb					
	С	Net income or	(loss) from gaming	activities ►				
	10a	Gross sales or returns and al	finventory, less lowances					
			а					
	Ь		goods sold b					
	C	Net income or Miscellaneou	(loss) from sales of	Business Code				
	11a	CAFETERIA	J NEVEHUE	900,099	1,626,084			1,626,084
	ь	LAUNDRY SE	RVICES	812,300	713,662		525,054	188,608
	C			900,099	640,236	640,236		
	[RSE REVENUE		1,732,896	1,732,896		
	d	All other rever			,,	, -=,-30		
	e	rotal. Add line	es 11a-11d	 \$ 4,712,878				
	12		. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	242,491,726	240,359,861	525,054	549,222
		8c, 9c, 10c, and 1	1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re	anizations mu equired to comi	ıst complete olete columns (all columns. (B), (C), and (D)) <u>. </u>
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,000	5,000		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	.,	-7		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	77,565,948	72,236,660		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,934,476	2,732,858	201,618	
9	Other employee benefits	11,383,857	10,601,712	782,145	
10	Payroll taxes	5,816,754	5,289,681	527,073	
11	Fees for services (non-employees)				
а	Management	693,934	693,934		
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	20,092,673	19,500,316	592,357	
12	Advertising and promotion	29,234	29,234		
13	Office expenses	48,012,791	46,979,224	1,033,567	
14	Information technology	98,693	49,580	49,113	
15	Royalties				
16	Occupancy	4,717,258	4,372,346	344,912	
17	Travel	286,523	258,219	28,304	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	125,285	114,419	10,866	
20	Interest	2,069,622		2,069,622	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,906,901	12,259,419	647,482	
23	Insurance	1,596,445		1,596,445	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	INTERCO PURCHASED SVCS	45,817,378	5,377	45,812,001	
b	BAD DEBT EXPENSE	19,459,150	19,459,150	,,	
c	CONTRACT LABOR EXPENSE	3,996,142	3,771,969	224,173	
d	EQUIPMENT MAINTENANCE	880,926	814,988	65,938	
	UBI TAXES	103,000	· .	103,000	
	All other expenses	815,915	547,432	268,483	
25	Total functional expenses. Add lines 1 through 24f	259,407,905	199,721,518	59,686,387	0
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,	,-30,000	

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				844,442	1	892,602
	2	Savings and temporary cash investments				,	2	·
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				38,353,375	4	34,668,504
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			loyees or		5	
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ection	n 495			6	
	7	Notes and loans receivable, net				1,865,473	7	1,370,031
	8	Inventories for sale or use				5,206,557	8	5,195,376
20	9	Prepaid expenses and deferred charges				1,136,521	9	595,445
Assets	10a	Land, buildings, and equipment cost basis	10a	I	226,177,147			
•	b	Lace accumulated depresention Complete Part VI of	104	+	220,177,147			
	ם ו	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь		191,901,995	27,682,142	10c	34,275,152
	11	Investments—publicly traded securities		٠.		27,094,335	11	13,209,454
	12	Investments—other securities See Part IV, line 11 Complete F Schedule D	Part VII	I of		25,065,468	12	8,295,104
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$.			13			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	3,677,280	15	789,659			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				130,925,593	16	99,291,327
	17	Accounts payable and accrued expenses .				12,892,691	17	16,333,928
	18	Grants payable		18				
	19	Deferred revenue		95,745	19	123,345		
	20	Tax-exempt bond liabilities	•				20	
<u>, 6</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ä		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third parties			23			
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D	30,454,416	25	58,202,598			
	26	Total liabilities. Add lines 17 through 25				43,442,852	26	74,659,871
φ		Organizations that follow SFAS 117, check here ► and complete through 29, and lines 33 and 34.	plete l	lines	27			
ğ	27	Unrestricted net assets				87,482,741	27	24,631,456
Balance	28	Temporarily restricted net assets				2.,,02,,41	28	,,55,,,.55
	29	Permanently restricted net assets			29			
r Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	e					
, o.	30	Capital stock or trust principal, or current funds	-				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
ASS	32	Retained earnings, endowment, accumulated income, or other fi		32				
Net /	33	Total net assets or fund balances		87,482,741	33	24,631,456		
Ž	34	Total liabilities and net assets/fund balances	130,925,593		99,291,327			
	I	,						
Pa	rt XI	Financial Statements and Reporting						

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

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

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As Filed Data -

DLN: 93493132009360

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		H REGIONAL ME CAMPUS INC	EDICAL CENTER-					35	-086815	7		
Par	t I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please								
1	Γ	A church, c	onvention of ch	urches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	굣	A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	tion 170(b	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state		·						
5	Γ	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
				(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental ເ	· · ınıt or fron	n the gene	eral public	:
				o)(1)(A)(vi) (Complete Par			_			_	·	
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gro	S S
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
				orted organizations describe						Section 5	09(a)(3).	Check
		a T		type of supporting organiza	Type III				n d	□ Type	III - Otl	ner
e	$\overline{}$		• •	rtify that the organization is						, ,,		
_	•	•		agers and other than one or			•					
		section 50	9(a)(2)									
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
g		check this		as the organization accepted	d any dift	or contribi	ition from	any of the	ì			ı
9		following pe		as the organization decepted	a any gne	or continu	2011 11 0111	any or the	•			
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governı	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	7					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports					
											T	
1		i) Name of (ii) EIN (iii) Type of organization (iv) Is the (v) Did you no						l	s the	(vii) Am		
c	Supported (described on lines 1-9 organization in the organ properties of the control of the con) of your		ation in rganized	supp	OIL!		
	•			(See Instructions))		verning	supp			υs?		
	document?											
					Yes	No	Yes	No	Yes	No		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-

SOUTH BEND CAMPUS INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non (hat a	chec		ı				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ABRAHAM MARCUS , CHAIR	2 00	Х		Х				0	0	0
BONITA RAINE PHD , VICE CHAIR	2 00	Х		Х				0	0	0
SR ROSE A SCHULTZ CSC , SECRETARY	2 00	Х		х				0	0	0
CHARLES VIATER , TREASURER	2 00	Х		Х				0	0	0
J SPIKE ABERNETHY , DIRECTOR	2 00	Χ						0	0	0
RODNEY GANEY , DIRECTOR	2 00	Χ						0	0	0
NANCY R HELLYER , CEO & DIRECTOR	10 00	Х		Х				0	578,851	163,822
MICHAEL METHOD MD , DIRECTOR	2 00	Х						0	0	0
KATHY BEELER , DIRECTOR	2 00	Χ						0	0	0
LORI PRICE , COO & DIRECTOR	20 00	Х		Х				0	388,478	67,140
JOHN ROSENTHAL , DIRECTOR	2 00	Х						0	0	0
SR MARY J SHINGLERPHJC , DIRECTOR	2 00	Х						0	0	0
ELIUD R VILLANUEVA , DIRECTOR	2 00	Х						0	0	0
BEN ZIOLKOWSKI , DIRECTOR	2 00	Х						0	0	0
ROBERT S OPPMAN MD , DIRECTOR AS OF 1/09	2 00	Х						0	0	0
TERRY L HECK , CFO	10 00			Х				0	341,216	43,134
MARSHA KING , CNO	10 00				Х			0	245,984	38,508
THOMAS F LAVELLE MD , CHIEF MEDICAL OFFICER	10 00				х			0	365,759	285,027
BRUCE E PAYTON , STRATEGIC PLANNING OFCR	10 00				х			0	345,047	62,336
AARON AUSTIN , CHRO	10 00				Х			0	250,076	36,286
JOSEPH SWEDISH , TRINITY HEALTH PRES&CEO	2 00				Х			0	1,969,033	688,880
KEDRICK ADKINS , TRINITY PRES INTEG SVCS	2 00				х			0	1,185,289	111,112
MICHAEL SLUBOWSKI , TRIN PRES HLTH&HOSP NTWK	2 00				Х			0	1,319,103	184,485
F MONCRIEF DOBSON MD , PHY NEONATOLOGY	50 00					х		308,657	0	48,303
MARTIN WIESCHHAUS MD , PHY FAMILY MED	50 00					х		261,607	0	43,726
ZAHIA M HASSAN MD , PHY NEONATOLOGY	50 00					х		220,030	0	37,420
THEODORE NEUMANN MD , PHY FAMILY MED	50 00					х		231,173	0	32,687
STEPHEN SIMONS MD , PHY FAMILY MED	50 00					х		198,807	0	51,523
ROBERT SINK , FORMER OFFICER	10 00						Х	0	123,509	24,746
CHRISTOPHER J KARAM , FORMER KEY EMPLOYEE	45 00						Х	142,670	0	28,867

Form 990, Part VII - Section Aaa

orm profrant tee occurring										
	(B)	1	(C tion (hat a	chec				(D)	(E)	(F) Estimated
(A) Name and Title	Average ,	Individual Trustan or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
RICHARD LEE WEST , FORMER KEY EMPLOYEE	45 00						х	153,810	0	126,917

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

◆ 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

		t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (P		(h)) Complete Part II-B Do n	ot complete Part II-A	
	ection 501(c)(4), (5), or (6) organi	•	ion y iany			
	nme of the organization INT JOSEPH REGIONAL MEDICAL CENTER	D_		Employer iden	itification number	
	UTH BEND CAMPUS INC	\ -		35-0868157		
Par		y all organizations exempt		n 501(c) and section	527	
	organizations. (Se	e the instructions for Schedule	C for details.)			
1	Provide a description of the or	ganızatıon's dırect and ındırect polıt	ical campaign act	tivities in Part IV		
2	Political expenditures				\$	
3	V olunteer hours					
Paı	rt I-B To be completed be for Schedule C for de	oy all organizations exempt etails.)	under section	n 501(c)(3). (See the	instructions	
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	\$	
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form 4	4720 for this year	r?	☐ Yes ☐ No	
4a	Was a correction made?				┌ Yes	
ь	If "Yes," describe in Part IV					
Par		y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).	
1						
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	uted to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	s 1 and 2 and ent	ter here and on Form	\$	
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No	
5	were made Enter the amount p political contributions received	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
			_			
			Cat No F			

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		bly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

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

		(8	1)	(b)	
		Yes	No	A mount	
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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		5,582	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV		Νo		
j	Total lines 1c through			5,582	
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		l		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4)), section	501 (c)(5), or	

section 501(c)(6). (See the instructions for Schedule C for details.)

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

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

a Current Year b Carryover from last year c Total 2a \$ 2b \$ 2c \$	
c Total 2c \$	
<u> </u>	
2	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 \$	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year? 4 \$	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 5 \$	

Part IV Supplemental Information

1

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

Ident if ier	Return Reference	Explanation
Part II-B, Line 1:	Activities	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC (THE HOSPITAL) HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS THESE ORGANIZATIONS HAVE PROVIDED SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING PURPOSES SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC MADE NO CONTRIBUTIONS TO ANY LEGISLATORS OR CANDIDATES

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** SAINT JOSEPH REGIONAL MEDICAL CENTER-

	UTH BEND CAMPUS INC		35-0868157
Pa	organizations Maintaining Donor Adviorganization answered "Yes" to Form 990,		Funds or Accounts. Complete if the
	Ĺ	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors funds are the organization's property, subject to the organization's	<u> </u>	onor advised Yes No
	Did the organization inform all grantees, donors, and don used only for charitable purposes and not for the benefit impermissible private benefit?		
9	rt II Conservation Easements. Complete if the	he organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organ Preservation of land for public use (e g , recreation of Protection of natural habitat Preservation of open space	or pleasure) Preservation of	an historically importantly land area certified historic structure
	Complete lines 2a-2d if the organization held a qualified	d conservation contribution in the fol	rm of a concorvation pacoment
	on the last day of the tax year	Conservation contribution in the for	Held at the End of the Ye
	Total number of conservation easements		2a
			2b
	, star astrage restricted by compartation dustinents		2c
	Number of conservation easements on a certified histor		
	Number of conservation easements included in (c) acqu	• •	2d
	Number of conservation easements modified, transferred	d, released, extinguished, or termina	ited by the organization during
	the taxable year 🕨		
	Number of states where property subject to conservation	n easement is located ►	
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	e periodic monitoring, inspection, vi	olations, and Yes No
	Staff or volunteer hours devoted to monitoring, inspecting	ng and enforcing easements during t	he year ▶
	A mount of expenses incurred in monitoring, inspecting,	and enforcing easements during the	year ►\$
	Does each conservation easement reported on line 2(d) $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	above satisfy the requirements of s	ection Yes No
	In Part XIV, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financi	
li	rt III Organizations Maintaining Collections Complete if the organization answered "Yes		s, or Other Similar Assets.
	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its finance	public exhibition, education or resea	arch in furtherance of public service,
	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for public provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		• •
	Revenues included in Form 990, Part VIII, line 1		▶ \$
,	Assets included in Form 990 Part Y		.
			 ★

Part	Organizations Maintaining Collections of A	rt, His	tori	cal Treası	ires, or Othe	r Similar Ass	ets (c	ontınued)
3	Using the organization's accession and other records, check a items (check all that apply)	any of th	ie foll	owing that ar	re a sıgnıfıcant u	se of its collecti	on	
а	Public exhibition	d	\sqcap	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	olaın hov	v the	further the	organızatıon's e>	empt purpose ır	ı	
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a						Yes	☐ No
Par	Trust, Escrow and Custodial Arrangements Part IV, line 9, or reported an amount on Form				anızatıon answ	ered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custodian or other interincluded on Form 990, Part $\ensuremath{\text{X}}\xspace^2$	mediary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following to the second complete the following to the second complete the following to the second complete the second complete the following to the second complete the following to the second complete the second co	able						
						A me	ount	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, I $$	ıne 21?				Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the organizati						(-)[)	/ DI-
1a	Beginning of year balance	(D	Prior `	rear (C)IW	vo Years Back (d)	Three Years Back	(e)rour i	ears back
та b	Contributions	_						
_	Investment earnings or losses	_						
c d	Grants or scholarships	_						
e	Other expenditures for facilities	_						
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held	— d as						
а	Board designated or quasi-endowment							
ь	Permanent endowment -							
С	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organ	ızatıon	thata	re held and a	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i	_	—
L	(ii) related organizations		د د د			3a(ii)	
ь 4	If "Yes" to 3a(II), are the related organizations listed as required Describe in Part XIV the intended uses of the organization's e					Зь		
	VI Investments—Land, Buildings, and Equipm				art X line 10			
				Cost or other	(b)Cost or other			
	Description of investment			s (investment)	basis (other)	(c) Depreciation	(d) B	ook value
1 a L	and				6,014,150	1		6,014,150
	Buildings				133,483,416	1		10,772,554
	easehold improvements				, .22,120	,,,,,,,,,	1	, ,
	Equipment				86,646,969	69,191,133	:	17,455,836
	Other				32,612	 		32,612
	. Add lines 1a-1e (Column (d) should equal Form 990, Part X, col		, line	10(c).)		·	;	34,275,152
	<u> </u>					Schedule D		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		,
Closely-held equity interests		
Other ABSOLUTE RETURN STRATEGY FUNDS	1,851,080	
Other COMMINGLED FUNDS DIRECTLY HOLDING		
SECURITIES	6,444,024	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	8,295,104	
Part VIII Investments—Program Related. Sec	e Form 990 Part X line 1	3
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(D) DOOK value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	otion	(b) Book value
Fotol (Column (b) should equal Form 000 Port V and (B) !	(F.)	
Fotal. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED COMPENSATION PAYABLE	3,213,260	
ASSET RETIREMENT OBLIGATION (FIN 47)	1,979,512	
NTERCOMPANY PAYABLES	611,530	
NTERCOMPANY NOTES PAYABLE	52,398,296	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	58,202,598	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
D	AVIV Supplemental Information		

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
	Positions Under FIN 48	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC is included in the consolidated financial statements of Trinity Health Trinity Health's financial statements for the year ended June 30, 2009 did not include a FIN 48 footnote

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC

Employer identification number

35-0868157

P	art I Charity Care and	l Certain O	ther Comi	munity Benefits at	: Cost (Optional for	2008)							
								Yes	No				
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a						
Ь	If "Yes," is it a written policy	[?]					1b						
2	If the organization has multip care policy to the various ho		ındıcate whic	h of the following best o	describes application (of the charity							
	Applied uniformly to all ho	•		Applied uniformly	to most hospitals								
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients												
а	a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care												
	T 100% T 150% T 200% T 0 ther %												
						ddl-2.76							
D	Does the organization use FP "Yes," indicate which of the f												
							3Ь						
	T 200% T 250%	300)% 	350% 400	% Other	%							
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.													
4	Does the organization's polic	y provide free	or discount	ed care to the "medical	ly indigent"?		4						
5a	Does the organization budget	t amounts for	free or disco	unted care provided un	der its charity care po	licy?	5a						
ь	If "Yes," dıd the organızatıon	's charity car	e expenses e	exceed the budgeted an	nount?		5b						
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c						
6a	Does the organization prepar	e an annual c	ommunity be	nefit report?			6a						
6b	If "Yes," does the organization	on make it ava	ailable to the	public?			6b						
	Complete the following table worksheets with the Schedule		ksheets prov	rided in the Schedule H	instructions Do not s	ubmit these							
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost									
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero total ex					
а	Charity care at cost (from worksheets 1 and 2)	1	32,701	7,190,262		7,190,	.262	27	70 %				
b	Unreimbursed Medicaid (from				40.450.4.5								
c	worksheet 3, column a) Unreimbursed costs—other means-tested government	50	27,322	30,776,004	18,458,110	12,317	,894	4 /	50 %				
	programs (from worksheet 3, column b)	2	458	333,082	91,058	242,	.024	0 0	90 %				
d	Total Charity Care and Means-Tested Programs	53	60,481	38,299,348	18,549,168	19,750			10 %				
	Other Benefits		22,101	22,233,310	22,213,230		,		70				
е	Community health improve- ment services and community benefit operations (from (worksheet 4)	15	56,856	1,156,389	4,316	1,152,	,073	0 4	40 %				
f	Health professions education (from worksheet 5)	6	83	4,486,393	2,667,348	1,819		0 7	00 %				
g	Subsidized health services												
h	(from worksheet 6) Research (from worksheet 7)	13	241,832	9,609,799	5,025,854	4,583,	,945	1 /	70 %				
i	Cash and in-kind contributions to community groups (from worksheet 8)	5		361,768		361,	.768	0 1	40 %				
j	Total Other Benefits	39	298,771	15,614,349	7,697,518	7,916,			50 %				
k	Total (line 7d and 7i)	0.3	250.252	E3 013 607	26 246 686	27.667	_		60.0/-				

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	<u> </u>	Direct offse revenue		(e) Net commur building expens	nity	(f) Percer total expe	nt of	
1	Physical improvements and housing											
2	Economic development											
3	Community support											
4	· · · · · · · · · · · · · · · · · · ·											
5	Leadership development and training for community members											
- 6	Coalition building Community health improvement											
	advocacy											
8	Workforce development											
9	Other Total							+				
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)							
		<u> </u>		() p	<u>,</u>							
Sect	ion A. Bad Debt Expense									Yes	No	
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1			
2	Enter the amount of the organ			e (at cost)		2	•					
3	Enter the estimated amount o	_			•	3						
_	attributable to patients eligible								1			
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•				
Sect	ion B. Medicare					1						
5	Enter total revenue received f					. 5			1			
6	Enter Medicare allowable cost					. 6			-			
7 8	Enter line 5 less line 6—surplus or (shortfall)											
	Cost accounting system	Γc	ost to charge	e ratio	C O ther							
Sect	ion C. Collection Practices											
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a			
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_	
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k	
1												
2							\top					
							+					
4												
5							+					
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6												
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11							\dashv					
12		+					+					
13							+					
14							+					
		İ										

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
See Additional Data Table									

POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES THE SJRMC COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO - GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY-ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNINGTHE SJRMC COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS) THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES THE SJRMC COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF WINTER/SPRING 2008 AND ACTION PLANS TO ADDRESS IDENTIFIED COMMUNITY NEEDS HAVE BEEN DEVELOPED THROUGH FY2012 THE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED BY SJRMC AND

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 Part VI, Line 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SJRMC IS COMMITTED TO - PROVIDING ACCESS TO OUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR

Part VI, Line 2 NEEDS ASSESSMENT - ST JOSEPH REGIONAL MEDICAL CENTER/SOUTH BEND ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY IT SERVES AS THE BASIS FOR SAINT JOSEPH REGIONAL MEDICAL CENTER'S (SJRMC) STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH

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

DISTRIBUTED WITHIN THE COMMUNITY

AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITYIN ACCORDANCE WITH AHA RECOMMENDATIONS, SJRMC HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSSJRMC PROVIDES EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE SJRMC RECOGNIZES THE MANY CHALLENGES THAT FACE ITS UNINSURED AND UNDERINSURED PATIENTS WHEN APPLYING FOR STATE AND FEDERAL PROGRAMS TO HELP WITH HEALTHCARE EXPENSES THEREFORE, SJRMC ESTABLISHED THE ELIGIBILITY ASSISTANCE DEPARTMENT THAT UTILIZES A SOCIAL SERVICE APPROACH WITH A COMMITMENT TO PATIENT DIGNITY, COMPASSION, INTEGRITY AND PATIENT CENTERED CARE THE ELIGIBILITY ASSISTANCE DEPARTMENT IS STAFFED BY HIGHLY TRAINED SPECIALISTS WHO KNOW AND UNDERSTAND THE DIFFERENT REQUIREMENTS FOR MANY LOCAL, STATE AND FEDERAL PROGRAMS ONCE IT IS DETERMINED THAT A PATIENT QUALIFIES FOR A PROGRAM, AN ELIGIBILITY SPECIALIST IS ASSIGNED TO THE PATIENT'S CASE THE ELIGIBILITY SPECIALIST WORKS WITH THE PATIENT'S PROVIDERS, DEPARTMENT OF CARE MANAGEMENT, AND ALL APPROPRIATE STATE AND FEDERAL AGENCIES WHILE NAVIGATING THE PATIENT THROUGH PROCESSES FINANCIAL COUNSELORS, IN CONJUNCTION WITH THE ELIGIBILITY ASSISTANCE DEPARTMENT, MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE SJRMC OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED INDIVIDUALS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH VARIOUS MEANS, WHICH INCLUDE, BUT ARE NOT LIMITED TO, PATIENT BROCHURES, MESSAGES INCLUDED ON PATIENT BILLS, NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL PATIENT ACCOUNTING DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE INDIANA DIVISION OF FAMILY RESOURCES, UNITED WAY, THE LOCAL CHAPTER OF THE AMERICAN RED CROSS, THE AREA COUNCIL ON AGING, LOCAL PRIVATE AND PUBLIC SCHOOLS AND OTHER COMMUNITY HEALTH AND HUMAN SERVICE AGENCIES THAT ASSIST PEOPLE IN NEED INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE

HOSPITAL WEBSITE AND IN THE DEPARTMENT ADMISSION PACKAGES IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPULATION SERVICED BY THE HOSPITAL SJRMC HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS SJRMC MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER SJRMC EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES ALL OF THE AFOREMENTIONED STAFF RECEIVE TRAINING ON TRINITY HEALTH'S MISSION, VISION AND VALUES THIS ALLOWS THE ASSOCIATES TO OFFER FINANCIAL ASSISTANCE TO PATIENTS WITH COMPASSION

Community Information. Describe the community the organization serves, taking into account the geographic area and demographic

Part VI, Line 4 COMMUNITY INFORMATION - SAINT JOSEPH REGIONAL MEDICAL CENTER SERVES 900,604 PEOPLE IN A DIVERSE NINE COUNTY MARKET IN INDIANA AND MICHIGAN THE PRIMARY SERVICE AREA INCLUDES ST JOSEPH, MARSHALL, AND ELKHART COUNTIES IN INDIANA AND BERRIEN COUNTY, MICHIGAN, WHILE THE SECONDARY SERVICE AREA ENCOMPASSES FULTON, LAPORTE, PULASKI AND STARKE COUNTIES IN INDIANA AND CASS COUNTY, MICHIGAN COUNTIES ARE GENERALLY SUBURBAN OR RURAL IN NATURE, WITH THE EXCEPTION OF URBAN CITY-CENTERS IN ELKHART AND SOUTH

AND INTEGRITY, WHILE MAINTAINING THE PATIENT'S DIGNITY

BEND, THE FOURTH LARGEST CITY IN INDIANA THE REGION OFFERS DIVERSITY, A STABLE ECONOMY AND A FAMILY-FRIENDLY ENVIRONMENT, ALL WITHIN CLOSE PROXIMITY OF CHICAGO OUR REGION INCLUDES A VARIETY OF QUALITY EDUCATION OPPORTUNITIES, INCLUDING BOTH PUBLIC AND PRIVATE SCHOOLS FROM PRESCHOOL THROUGH HIGH SCHOOL THOSE PURSUING A HIGHER LEVEL OF EDUCATION HAVE SEVERAL OPTIONS, INCLUDING THE UNIVERSITY OF NOTRE DAME, INDIANA UNIVERSITY AT SOUTH BEND, ST MARY'S COLLEGE, HOLY CROSS COLLEGE, ANCILLA COLLEGE, BETHEL COLLEGE, INDIANA TECH AND IVY TECH STATE COLLEGE OTHER HOSPITALS IN THE PRIMARY SERVICE AREA INCLUDE MEMORIAL HOSPITAL OF SOUTH BEND, ELKHART GENERAL HOSPITAL AND GOSHEN GENERAL HOSPITAL TO THE EAST, IN ELKHART COUNTY HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA INCLUDE LAPORTE HOSPITAL AND SAINT ANTHONY MEMORIAL HOSPITAL TO THE WEST IN LAPORTE COUNTY, AND TO THE SOUTH, WOODLAWN HOSPITAL IN ROCHESTER, STARKE MEMORIAL IN STARKE COUNTY, AND PULASKI MEMORIAL IN WINAMAC TOTAL POPULATION FOR THE NINE COUNTY SERVICE AREA IS ONLY EXPECTED TO GROW 1 4% FROM 2009 THROUGH 2014 COMPARED TO THE STATE OF INDIANA, THE NINE COUNTY AREA HAS A LOWER PROJECTED POPULATION GROWTH, A HIGHER MEDIAN AGE AND THE GREATEST DECLINE IN FEMALES OF CHILD BEARING AGE 15-44 AT 2% THE POPULATION AGED 65 AND OLDER REPRESENTS 13 5% OF THE TOTAL POPULATION, AND IS EXPECTED TO INCREASE 10 2% OVER THE NEXT FIVE YEARS MEDIAN HOUSEHOLD INCOME IS BELOW THE RATE FOR THE STATES OF INDIANA, MICHIGAN AND OHIO AS WELL AS THE USA WHILE MEDIAN HOUSEHOLD WEALTH IS HIGHER IN THE NINE COUNTY AREA THAN THE USA AND NEARBY STATES, UNEMPLOYMENT RATES IN THE PAST NINE MONTHS HAVE ALTERED THE ESTIMATION OF WEALTH IN THIS AREA BOTH THE PRIMARY AND SECONDARY SERVICES AREAS HAVE EXPERIENCED STAGNANT POPULATION GROWTH OVER THE PAST DECADE THE ONLY POCKET OF GROWTH IN ST JOSEPH COUNTY IS IN THE SOUTHEAST QUADRANT MEDIAN HOUSEHOLD INCOME IS FAIRLY STABLE ACROSS THE REGION, WITH AREAS OF HIGHEST AFFLUENCE IN THE GRANGER ZIP CODE AND PORTIONS OF ELKHART COUNTY UNEMPLOYMENT HAS DRAMATICALLY FLUCTUATED IN THE NINE COUNTY MARKET OVER THE PAST NINE MONTHS BY COMPARISON, FROM 7 5% IN 2008 TO A HIGH OF 13% IN MAY 2009 TO THE CURRENT RATE OF 11 8% IN NOVEMBER 2009 THE CURRENT RATE IS HIGHER THAN THE INDIANA RATE OF 9 3% AND THE NATIONAL AVERAGE OF 94% ANECDOTALLY, THE NUMBER OF LOCAL UNDERINSURED AND UNINSURED RESIDENTS CONTINUES TO RISE WITH THE RATES OF JOB LOSS EDUCATION, HEALTHCARE, AND GOVERNMENT ARE THE MAJOR EMPLOYERS IN THE LOCAL ECONOMY ESTIMATES OF THE UNINSURED IN THE SEVEN INDIANA COUNTIES IN THIS SERVICE AREA IS 91,759, RANGING FROM 145% IN FULTON COUNTY TO 165% IN ELKHART COUNTY, IN THE THREE MICHIGAN COUNTIES SERVED THE ESTIMATE OF UNINSURED IS 232,203, RANGING FROM 10 3% IN CASS COUNTY TO 14 4% IN BERRIEN COUNTY THE TARGETED SERVICE AREA INCLUDES SEVERAL MEDICALLY UNDERSERVED AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP) IN INDIANA, THESE INCLUDE PORTIONS OF ELKHART COUNTY, LAPORTE COUNTY, AND ST JOSEPH COUNTY IN MICHIGAN, THEY INCLUDE PORTIONS OF BERRIEN COUNTY, CASS COUNTY, AND ST JOSEPH COUNTY THERE ARE ALSO THREE CRITICAL ACCESS HOSPITALS (CAH)- COMMUNITY HOSPITAL OF BREMEN, PULASKI MEMORIAL HOSPITAL, AND WOODLAWN HOSPITAL- AT WHICH PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY-CARE SERVICES IN THE STATE OF INDIANA, ACCORDING TO THE U.S. CENSUS BUREAU, IN 2007 101% OF FAMILIES LIVED IN POVERTY THE STATE OF MICHIGAN'S PERCENTAGE WAS LOWER, AT 82% SJRMC SERVES A LARGE MEDICAID POPULATION ACROSS MANY DELIVERY SITES, MOST OF WHICH ARE LOCATED IN ST JOSEPH COUNTY INPATIENT MEDICAID POPULATION SERVED BY SJRMC MISHAWAKA (FORMERLY SOUTH BEND) CAMPUS EQUALS 22% OF THE HOSPITAL'S TOTAL OVERALL WHEN SPECIFIC SERVICES LIKE OBSTETRICS AND NEONATOLOGY ARE CONSIDERED, THE PERCENTAGE INCREASES TO 56-72% OF THE TOTAL DISCHARGES FOR THE RESPECTIVE SERVICE LINE AS IN MOST MIDWESTERN COMMUNITIES, THE NINE COUNTY SERVICE AREA POPULATION IS LARGELY MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT HOWEVER, THE REGION OF NORTHERN INDIANA AND SOUTHWESTERN MICHIGAN HAS SEEN AN INCREASE IN THE HISPANIC POPULATION OVER THE PAST TEN YEARS THE REPRESENTATION OF HISPANIC POPULATION IN THIS AREA IS LIKELY TO BE UNDERSTATED THE NINE COUNTY SERVICE AREA POPULATION TENDS TO SUFFER FROM THE SAME CHRONIC HEALTH PROBLEMS AS THE REST OF THE NATION DISEASES WITH THE HIGHEST INCIDENCE RATES TEND TO BE HEART DISEASE, CANCER AND DIABETES IN VARIOUS DEGREES Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves Part VI, Line 5 COMMUNITY BUILDING ACTIVITIES - SJRMC STRIVES TO LIVE ITS MISSION OF SERVING THE POOR AND UNDERSERVED BY ASSISTING LOCAL ORGANIZATIONS IN THEIR EFFORTS TO MAKE THE CITIZENS OF OUR COMMUNITY MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY THROUGH OUR COMMUNITY NEEDS ASSESSMENT, WE LEARNED THAT CERTAIN TYPES OF AGENCIES COULD BENEFIT FROM OUR SUPPORT, INCLUDING THOSE THAT 1) PROVIDE MEDICAL CARE FOR THE MEDICALLY UNDER-SERVED AND/OR HOMELESS, 2) PROMOTE DIVERSITY, 3) SERVE WOMEN AND CHILDREN AND KEEP THEM SAFE, CLOTHED, FED AND EDUCATED, AND 4) WORK WITH OTHER HEALTH AND HUMAN SERVICES AGENCIES IN THE COMMUNITY TO FIND COMMON WAYS OF MEETING SOCIAL NEEDS MOST OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS THAT SJRMC SUPPORTS SERVE LOW INCOME OR VULNERABLE POPULATIONS OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE POPULATIONS OVER THE COURSE OF THE PAST YEAR, SJRMC HAS PROVIDED SUPPORT TO JUNIOR ACHIEVEMENT PROGRAMS THAT OFFERED HEALTH EDUCATION AND BUSINESS CAREERS TO AREA

YOUTH, PARTICIPATED IN CHAMBER OF COMMERCE LEADERSHIP PROGRAMS THAT OFFERED EDUCATION AND COMMUNITY BUILDING FOR AREA BUSINESS PEOPLE, INCLUDING MEMBERS OF THE HEALTH CARE PROFESSIONS, HELPED THE MARTIN LUTHER KING FOUNDATION EDUCATE THE COMMUNITY ABOUT DIVERSITY, WORKING TOGETHER, CREATING COMMON GOALS

AND DEVELOPING A STRONG PATH TO POSITIVE OUTCOMES AND ONGOING VITALITY, OFFERED UNITED HEALTH SERVICES SUPPORT FOR THEIR PROGRAMS THAT HELP UNINSURED PEOPLE FIND APPROPRIATE HEALTH SERVICES, PARTNERED WITH SEVERAL EDUCATIONAL INSTITUTES TO PROMOTE NURSING AND RESIDENT PHYSICIAN EDUCATION, PARTIALLY FUNDED PROGRAMS FOR ORGANIZATIONS ASSOCIATED WITH HOMELESSNESS, PROVIDED FUNDS FOR A PROGRAM THAT TEACHES CHILDREN AND YOUTH HOW TO DEAL WITH VIOLENCE, BEGAN CONVERSATIONS AND INITIAL JOINT PROGRAMS WITH THE LOCAL CENTER FOR CHILDREN AND FAMILIES AND ITS MENTAL HEALTH PROGRAMS, COUNSELING SERVICES AND OUTREACH SERVICES, INITIATED A JOINT PRIMARY CLINIC WITH ANOTHER LOCAL HOSPITAL THAT SERVES THE UNDER-SERVED AND UNINSURED POPULATIONS AS WELL AS THOSE ON GOVERNMENT HEALTH PLANS, SLIDING FEE SCALE, AND THE INSURED, AND SPONSORED MULTIPLE HEALTH FAIRS FOR SCHOOLS, CHURCHES, AND OTHER PUBLIC ORGANIZATIONS 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.) Part VI, Line 6 OTHER INFORMATION - SJRMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS BY DOING SO, IT IS ABLE TO ENSURE THAT HIGH QUALITY AND EASILY ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SPECIALTY CARE AREAS SJRMC PRIDES ITSELF ON HAVING A NEW, STATE-OF-THE-ART MEDICAL CENTER THAT UTILIZES THE LATEST TECHNOLOGY, ELECTRONIC MEDICAL RECORDS, FULLY INTEGRATED MEDICAL TEAMS AND HIGHLY TRAINED STAFF TO PROVIDE CARE THAT IS SECOND TO NONE RESIDENCY PROGRAMS IN FAMILY PRACTICE, PODIATRY, AND PHARMACY, AS WELL AS CLINICAL EDUCATION FOR NURSES AND ANCILLARY STAFF PROVIDE ONGOING EDUCATION AND A "LABORATORY FOR LEARNING " SEVERAL NURSING SCHOOLS UTILIZE SJRMC FOR THE CLINICAL COMPONENT OF THEIR NURSING EDUCATION PARTICIPATING IN BOTH AN INTERNAL AND EXTERNAL INTERNAL REVIEW BOARD, SJRMC KEEPS PACE WITH THE EVER-GROWING COMPLEXITY OF HEALTHCARE AND PROVIDES LEADERSHIP IN AREAS SPECIFIC TO THE NEEDS OF ITS PATIENTS WHILE NOT CONSIDERED "THE" TRAUMA CENTER FOR THE AREAS IT SERVES, SJRMC DOES HAVE AN EXCELLENT GROUP OF EMERGENCY DEPARTMENT PHYSICIANS AND STAFF TRAINED IN TREATING PERSONS SUFFERING FROM EMERGENT AND NON-EMERGENT CONDITIONS SERVING ALL PEOPLE REGARDLESS OF ETHNICITY, GENDER, RELIGION, ABILITY TO PAY,

ETC , THE EMERGENCY DEPARTMENT HAS OVER 30 TREATMENT ROOMS AS WELL AS TRAUMA ROOMS AND HIGH-INTENSITY TREATMENT ROOMS SJRMC PARTICIPATES IN MEDICARE, MEDICAID, CHAPUS, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND OFFERS CHARITY CARE AND CARE ON A SLIDING FEE SCALE IN KEEPING WITH ITS MISSION STATEMENT AND VALUES, SJRMC ASSURES UNINSURED PATIENTS THAT THEY RECEIVE THE SAME HIGH QUALITY MEDICAL CARE AS THOSE WHO HAVE THE ABILITY TO PAY FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO ARE ELIGIBLE TO RECEIVE IT POLICIES GOVERNING SUCH ASSISTANCE ARE READILY AVAILABLE FOR STAFF AND PATIENTS ALIKE SJRMC SPONSORS THREE HEALTH CENTERS THAT PROVIDE CARE TO ALL INSURED, UNDER-INSURED, AND UNINSURED PATIENTS IT ALSO FULLY SUBSIDIZES A HEALTH CENTER SPECIFICALLY FOR THE UNINSURED STAFFED BY DOCTORS WHO VOLUNTEER THEIR TIME AND SKILLS, THIS HEALTH CENTER SERVES A HIGHLY DIVERSE POPULATION AND OFFERS SPECIALIZED CLINICS IN CHRONIC DISEASE MANAGEMENT, COUMADIN CARE, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE A MOBILE MEDICAL UNIT WITH DIGITAL MAMMOGRAPHY AND A NURSE PRACTITIONER TRAVELS TO OUTLYING AREAS WHERE PRIMARY CARE SERVICES ARE DIFFICULT TO OBTAIN ONE OF THE AREAS IS COMPOSED OF ONE OF THE COUNTRY'S LARGEST AMISH POPULATIONS ADVOCACY FOR VARIOUS HEALTH-RELATED ISSUES IS AT THE FOREFRONT AT SJRMC, INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING THE HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS AND OBTAINING AFFORDABLE PHARMACEUTICALS SJRMC CONTINUES TO BE THE LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS AND ESTABLISHING AN URGENT CARE CENTER VOLUNTEERS WITHIN THE SJRMC/SOUTH BEND HOSPITAL TESTIFY TO THE REPUTATION AND IMPACT OF THE HOSPITAL WOMEN, MEN, AND YOUTH BELIEVE IN THE MISSION OF THE HOSPITAL AND ATTEST TO IT BY PROVIDING HUNDREDS OF HOURS OF SERVICE EACH YEAR VOLUNTEERS WITH SPECIAL NEEDS ARE ALSO WELCOME TO SERVE THE HOSPITAL, ITS PHYSICIANS, STAFF AND THE PUBLIC AS A FAITH-BASED HEALTH INSTITUTION. SJRMC OFFERS PATIENTS, THEIR FAMILIES, AND THE BROADER COMMUNITY THE OPPORTUNITY TO ADDRESS THE SPIRITUAL NEEDS THAT ARISE AS ONE EXPERIENCES ILLNESS, CHRONIC HEALTH CONDITIONS, OR THE DYING PROCESS THIS EXPERIENCE OF FAITH, THE PRESENCE OF CHRISTIAN, JEWISH AND MUSLIM PRAYER/REFLECTION ROOMS, AND FULL-TIME CERTIFIED CHAPLAINS AFFORD EVERYONE WITH THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE IS ADDRESSED SJRMC HAS A NUMBER OF CRITICAL OUTREACH PROGRAMS THAT FURTHER ASSIST IN THE ENHANCEMENT OF THE HEALTH STATUS OF THE POPULATIONS IT SERVES THROUGH THE GENEROSITY OF BENEFACTORS AND THE SAINT JOSEPH FOUNDATION, SJRMC PARTICIPATES IN MANY OUTREACH COMMUNITY PROGRAMS AND SERVICES SUCH AS THE WOMEN'S TASK FORCE (WOMEN SURVIVORS OF VARIOUS FORMS OF CANCER) THAT PROVIDES MAMMOGRAMS AND PAP TESTS FOR THOSE UNABLE TO AFFORD THEM, THE BENDIX FAMILY PHYSICIANS (A HEALTH CENTER JOINTLY ESTABLISHED BY SJRMC AND MEMORIAL HOSPITAL OF SOUTH BEND) PROVIDING CARE AND HEALTH EDUCATION IN A DECLARED MEDICALLY UNDERSERVED AREA, AND PARTNERS IN PREVENTION (PROGRAMS FOCUSING ON CHRONIC DISEASE, NUTRITION, AND EXERCISE AS WELL AS

promoting the health of the communites served Part VI, Line 7 SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY BASED IN NOVI, MICHIGAN,

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in

SMOKING CESSATION)

TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY IN FISCAL YEAR 2009, THIS INCLUDED NEARLY \$400 MILLION IN SUCH COMMUNITY BENEFITS THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG

Schedule H (Form 990) 2008

Software ID: Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-

SOUTH BEND CAMPUS INC

Form 990 Schedule H, Part V - Facility Information

Form 990 Schedule H, Part V - Facility Information													
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)				
EDISON LAKES AMBULATORY CENTER 250 EAST DAY ROAD MISHAWAKA,IN 46544									DIAG CENTER, LAB & XRAY				
4 WEST MEDICAL PAVILION 420 W FOURTH STREET MISHAWAKA,IN 46544									OUTPAT PHYSICIAN CLINIC				
THE HEALTHY FAMILY CENTER 201 LINCOLNWAY WEST MISHAWAKA,IN 46544									FAMILY HEALTH CTR				
ST JOSEPH COMMUNITY HOSPITAL- MISHAWAKA 215 W FOURTH STREET MISHAWAKA,IN 46544	x	x					х		FACILITY CLOSED 7/08				
ST JOSEPH REG MED CTR-SOUTH BEND CAMPUS 801 EAST LASALLE STREET SOUTH BEND,IN 46617	x	x		х			х						
SISTER MAURA CSC BRANNICK HEALTH CENTER 326 SOUTH CHAPIN STREET SOUTH BEND,IN 46601									OUTPATIENT CLINIC				
EDISON LAKES MEDICAL PLAZA 230 EAST DAY ROAD MISHAWAKA,IN 46544									SPORTS MEDICINE INSTITUTE				
EDISON LAKES REHABILITATION CENTER 270 EAST DAY ROAD MISHAWAKA,IN 46544									INDUSTRIAL REHABILITATION				
EDISON LAKES EYE SURGERY CENTER 270 EAST DAY ROAD MISHAWAKA,IN 46544									SPECIALTY CLINIC				
ELM ROAD MEDICAL CAMPUS 60101 BODNAR BLVD MISHAWAKA,IN 46544									OUTPATIENT CLINIC				
ELM ROAD MEDICAL CAMPUS (CONT) 60101 BODNAR BLVD MISHAWAKA,IN 46544									MIDWIFERY & SLEEP DISORDERS CLINICS				
MEDICAL OFFICE PAVILION III 837 E CEDAR STREET SOUTH BEND,IN 46617									FAMILY HEALTH CTR				
WOMENS CARE CENTER 360 N NOTRE DAME SOUTH BEND,IN 46617									MIDWIFERY CLINIC				
MEDICAL OFFICE PAVILION II 720 EAST CEDAR STREET SOUTH BEND,IN 46617									OUTPATIENT PHYSICIAN CLINIC				
MEDICAL OFFICE PAVILION II (CONT) 720 EAST CEDAR STREET SOUTH BEND, IN 46617									PEDIATRIC SPECIALTY CLINIC				
WOMENS CARE CENTER 229 WEST MARION ELKHART, IN 46515									MIDWIFERY CLINIC				
MEDICAL OFFICE PAVILION I 707 E CEDAR STREET SOUTH BEND,IN 46617									OUTPATIENT PHYSICIAN CLINIC				
MEDICAL OFFICE PAVILION I (CONT) 707 E CEDAR STREET SOUTH BEND, IN 46617									RADIATION ONCOLOGY/IMAGERY RECOVERY				

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As Filed Data -

DLN: 93493132009360

OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC Employer identification number

35-0868157

Рa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided by Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
ь	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all th					
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant	<u> </u>	• • • • • • • • • • • • • • • • • • • •			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	art V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	ital nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must con	nplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		,	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					N.o.

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
See Addıtıonal Data Table (i)									
(ii)								
(i)									
(ii)								
(i)									
(ii)								
(i)									
(ii)								
(i)									
(ii)								
(i)									
(ii)								
(i)									
(ii)								
(i)									
(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	ŕ	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2008 THESE AMOUNTS ARE INCLUDED IN COLUMN B(III) RICHARD LEE WEST - \$57,336 THOMAS LAVELLE - \$39,153 IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS WHICH WERE UNPAID AS OF 12/31/08 THESE AMOUNTS WERE PAID AND INCLUDED IN THE RECIPIENT'S TAXABLE INCOME IN 2009 THOMAS LAVELLE - \$225,751 RICHARD LEE WEST - \$91,738 PART I, LINE 4B THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING SERP ACCRUALS FOR 2008 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - \$0 MICHAEL SLUBOWKSI - \$36,541 JOSEPH SWEDISH - \$493,225 PART I, LINE 4B THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$230,000 FOR 2008) THE FOLLOWING ACCRUALS FOR 2008 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - \$80,919 AARON AUSTIN - \$441 NANCY R HELLYER - \$118,448 BRUCE PAYTON - \$15,886 LORI PRICE - \$30,044 MICHAEL SLUBOWSKI - \$94,766 JOSEPH SWEDISH - \$137,872
-		

Software ID: Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-

SOUTH BEND CAMPUS INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees												
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation				
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ				
NANCY R HELLYER	(I) (II)	403,843	119,061	55,947	138,808	25,014	742,673					
LORI PRICE	(1) (11)		55,974	49,739	48,015	19,125	455,618					
TERRY L HECK	(ı) (ıı)		51,214	32,774	22,429	20,705	384,350					
MARSHA KING	(I) (II)		38,024	16,196	22,082	16,426	284,492					
THOMAS F LAVELLE MD	(I) (II)	217,189	52,041	96,529	276,331	8,696	650,786					
BRUCE E PAYTON	(ı) (ıı)		50,694	36,231	50,048	12,288	407,383					
AARON AUSTIN	(ı) (ıı)	196,621	35,690	17,765	17,425	18,861	286,362					
JOSEPH SWEDISH	(I) (II)		545,090	211,248	654,032	34,848	2,657,913					
KEDRICK ADKINS	(ı) (ıı)		326,976	131,247	97,526	13,586	1,296,401					
MICHAEL SLUBOWSKI	(ı) (ıı)		304,667	312,067	154,304	30,181	1,503,588					
F MONCRIEF DOBSON MD	(ı) (ıı)	307,362		1,295	25,602	22,701	356,960					
MARTIN WIESCHHAUS MD	(I) (II)	260,941		666	22,556	21,170	305,333					
ZAHIA M HASSAN MD	(I) (II)			1,354	28,094	9,326	257,450					
THEODORE NEUMANN MD	(I) (II)		9,848	1,334	31,100	1,587	263,860					
STEPHEN SIMONS MD	(I) (II)	198,376		431	27,546	23,977	250,330					
ROBERT SINK	(I) (II)	118,611		4,898	11,318	13,428	148,255					
CHRISTOPHER J KARAM	(I) (II)	139,789		2,881	10,577	18,290						
RICHARD LEE WEST	(I) (II)	87,036		66,774	105,376	21,541	280,727					

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DLN: 93493132009360

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

Open to Public Inspection

SAINT JO	of the organization DSEPH REGIONAL MEDICAL CENTER- BEND CAMPUS INC					Employer identification number								
	Excess Benefit Transact To be completed by organization							(4) organı		ns or	ıly).	Par	t V line	40h
	(a) Name of disqualifier			Swered re	3 01						, <u> </u>		(c) Corr	
1	(a) Name of disqualine	u per	SOII			(b) Des	cript	ion of transa	action				Yes	No
	ter the amount of tax imposed on ction 4958								ear ui	nder •••	ф			
	ter the amount of tax, if any, on lir										→ ——			
Part I				•		the organization.					Ψ			
Pait	To be completed by organiza					on Form 990. Part	IV.I	ine 26, or Fo	orm 9	90-E	Z. Part	V . Iır	ne 38a	
	, ,) Loan			,		,			(f			
(a) l	Name of interested person and		from t		(c	Original principal	ļ <u>-</u>		(e) defa		Appro		1 (2)	ritten
. ,	purpose .	org	ganızat	tion?	`	amount	(d)E	Balance due	оета	uitz	by boa		1 -	ment?
	To From								Yes No		 		Yes	No
				•										
		_					<u> </u>							1
		┿												
		+												+
Total						> \$	<u> </u>							
Part II						•								
	To be completed by organ						90,	Part IV, lın	ne 27					
	(a) Name of interested person		(b)			ween interested pe	rson	(c)A m	ount d	ofora	nt or tv	ne of	assista	nce
	(1)		<u> </u>	and	the	organization		(-),				, ,		
Part I	V Business Transactions To be completed by organ						90,	Part IV, lın	ne 28	a, 28	Bb, or 2	28c.		
				Relationshi									(e) Sha	_
(a	a) Name of interested person	en interest son and the		(c) A mount of		(d) Descr	ption	of tra	nsactio	on	organız reven			
organizati						Liansaction							Yes	No
ERICA AUSTIN FAMILY MEM						21,0	067	EMPLOYME	MPLOYMENT ARRANGEMENT					Νο
			A RO N M P L O N	AUSTIN, F	KEY									
		 	n F LO	166										
						1								

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

responses to specific questions for the Form 990 or to provide any additional information.

► Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047

Z000

Open to Public Inspection

Name of the organization SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC Employer identification number

35-0868157

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC IS SAINT JOSEPH REGIONAL MEDICAL CENTER, INC SEE LINE 7 FOR ADDITIONAL INFORMATION

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section A, line 7a		SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. IS THE SOLE MEMBER OF SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF DIRECTORS OF SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.							

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 7b		AS SOLE MEMBER, SAINT JOSEPH REGIONAL MEDICAL CENTER, INC MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET SAINT JOSEPH REGIONAL MEDICAL CENTER, INC MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS						

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 10		PRIOR TO FILING, THE FORM 990 FOR SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC. IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS. THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.						

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC HAS ADOPTED A CONFLICTS OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICTS OF INTEREST POLICY ISSUED BY THE IRS IT APPLIES TO ALL "INTERESTED PERSONS" OF SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC 'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST THE BOARD OF DIRECTORS OF SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICTS OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICTS OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF DIRECTORS OF SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation								
		TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO								
		COMPENSATION AND BENEFITS AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF CERTAIN								
Form 990,		OFFICERS AND KEY MANAGEMENT OFFICIALS OF SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND								
Part VI,		CAMPUS, INC ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH								
Section B,		HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON								
line 15		BEHALF OF THE BOARD WITH RESPECT TO CERTAIN COMPENSATION MATTERS AS PART OF ITS REVIEW								
		PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS								
		FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE								
		REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS								

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section C, line 19		SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW TRINITY-HEALTH ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE							

ldentifier	Return Reference	Explanation							
Form 990, Part I, Doing Business As NAMES		ELM ROAD SLEEP DISORDER CENTER, ELM ROAD OCCUPATIONAL HEALTH, ELM ROAD OUTPATIENT THERAPY/INDUSTRIAL REHABILITATION, HEALTHY FAMILY CENTER, MIDWIFERY OF MICHIANA, MOBILE MEDICAL UNIT, OCCUPATIONAL HEALTH, SR MAURA BRANNICK HEALTH CENTER, SAINT JOSEPH REGIONAL MEDICAL CENTER, SJRMC REHABILITATION INSTITUTE, SAINT JOSEPH REGIONAL MEDICAL CENTER REHABILITATION INSTITUTE							

ldentifier	Return Reference	Explanation
CORE FORM, PART VII, SECTION A, LINE 1, COLUMN B	ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS KEDRICK ADKINS - 53 HOURS AARON AUSTIN - 40 HOURS TERRY L HECK - 40 HOURS NANCY R HELLYER - 40 HOURS MARSHA KING - 40 HOURS THOMAS LAVELLE, M D - 40 HOURS BRUCE PAYTON - 40 HOURS LORI PRICE - 30 HOURS MICHAEL SLUBOWSKI - 53 HOURS JOSEPH SWEDISH - 53 HOURS ROBERT SINK - 40 HOURS

ldentifier	Return Reference	Explanation
CORE FORM, PART XI, LINE 2		SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC 'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY09 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

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

Cat No 51056K

Schedule O (Form 990) 2008

Part I Identification of Disregarded Entities

DLN: 93493132009360

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

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

Related Organizations and Unrelated Partnerships

Internal Revenue Service Name of the organization **Employer identification number** SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC 35-0868157

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CLR Investments LLC 120 W HARRIS ST CADILLAC, MI 49601 32-0008631	Real estate rental & development	MI	21,427	175,518	Trinity Health-Michigan
Saint Agnes Home Health LLC 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	Provide home health services	СА	4,036,243	406,247	Trınıty Home Health Services Inc
Saint Mary's Pharmacy LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	Pharmacy	MI	0	0	Trinity Health-Michigan
Mount Carmel Health Providers Two LLC 6150 E BROAD STREET COLUMBUS, OH 43213 20-1983271	MEDICAL SERVICES	ОН	0	0	MOUNT CARMEL HEALTH PROVIDERS INC
URGENT CARE OF MCHP LLC 10 WEST BROAD ST STE 2100 COLUMBUS, OH 43215 20-4145781	MEDICAL SERVICES	ОН	0	0	MOUNT CARMEL HEALTH PROVIDERS INC

Identification of Related Tax-Exempt Organizations (A)
Name, address, and EIN of related organization **(E)** Public charity status **(F)** Direct controlling Legal domicile (state Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of related organization	Prim	(B) ary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionati allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

Part V	Transactions with Related Organizations

Pa	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
L D	During the tax year, did the orgranization engage in any of the following transaction	ons with one or more related organizations listed in Parts II-	·IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled er	ntity	1	1a		No
ь	Gift, grant, or capital contribution to other organization(s)		1	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)		1	1c		No
d	Loans or loan guarantees to or for other organization(s)		1	1d		No
e	Loans or loan guarantees by other organization(s)		1	1e		No
f	Sale of assets to other organization(s)		Ī	1f		No
g	Purchase of assets from other organization(s)		1	1g		No
h	Exchange of assets		1	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		[:	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)		[7	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other or	rganization(s)	[1	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other or	ganızatıon(s)	[:	1 I	Yes	
m	n Sharing of facilities, equipment, mailing lists, or other assets		[1	1m		No
n	Sharing of paid employees		[1	1n		No
o	Reimbursement paid to other organization for expenses		1	10	Yes	
р	Reimbursement paid by other organization for expenses		1	1р	Yes	
q	Other transfer of cash or property to other organization(s)		1	1q	Yes	
r	O ther transfer of cash or property from other organization(s)		:	1r		No
			_			
2	If the answer to any of the above is "Yes," see the instructions for information	on who must complete this line, including covered relations	nips and transaction thresholds			
	(A)	(B)	· (C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
1)						

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•			•	•	Sabadula	D / Form	000) 2000		

Return to Form

(F)

Direct Controlling

Entity

TRINITY HOME

INC

HEALTH SERVICES

TRINITY HEALTH -

MICHIGAN

BATTLE CREEK

Mercy Health

HEALTH SYSTEM

Services-Iowa Corp

Trinity Home Health

Mount Carmel Health

Services-Iowa Corp

Services-Iowa Corp

Mercy Health Partners

Mercy Health Partners

Mercy Health Partners

Mercy Health Partners

Trinity Continuing

Silver Spring Inc

Trinity Health

Trinity Health

Mercy Health

Trinity Health-

Michigan

Services-Iowa Corp

Mercy Health Partners

Mercy Health Partners

Battle Creek Health

Services-Iowa Corp

Catherine McAuely

Health Services Corp

Trinity Home Health

Trinity Home Health

Battle Creek Health

Trinity Home Health

Services Inc

Services Inc

Services Inc

System

System

Mercy Health

Corporation

Corporation

Holy Cross Hospital of

Care Services

Services Inc

Mercy Health

Mercy Health

System

Additional Data

AMICARE HOSPICE SERVICES INC

BATTLE CREEK HEALTH SYSTEM

BATTLE CREEK HEALTH SYSTEM AUXILIARY

CAPITAL PARK FAMILY HEALTH CENTER INC

CATHERINE MCAULEY HEALTH SERVICES CORP

BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION

27870 CABOT DRIVE

NOVI, MI483772920

300 NORTH AVENUE

300 NORTH AVENUE

PRIMGHAR, IA51245

PRIMGHAR, IA51245

BATTLE CREEK, MI49016

BATTLE CREEK, MI49016

255 NORTH WELCH AVENUE

255 NORTH WELCH AVENUE

6150 EAST BROAD STREET

COLUMBUS, OH43213

ANN ARBOR, MI48106

Cranbrook Hospice Care

281 ENTERPRISE COURT

Diley Ridge Medical Center

COLUMBUS, OH43213

250 MERCY DRIVE

DUBUQUE, IA52001

1111 3RD STREET NW

DYERSVILLE, IA52040

6150 EAST BROAD STREET

Dubuque Mercy Health Foundation Inc

Dyersville Health Foundation Inc

1700 CLINTON ST PO BOX 3302

Hackley Hospital Self Insurance Professional Liability Trust

Hackley Visiting Nurse Services and Hospice Inc

MUSKEGON, MI494433302

MUSKEGON, MI494433302

MUSKEGON, MI494423545

Hackley Life Counseling

1352 TERRACE ST

888 TERRACE ST

MUSKEGON, MI49440

Holy Cross Carenet Inc

11801 TECH ROAD

SILVER SPRING, MD20904

1500 FOREST GLEN RD

Holy Cross Medical Center

27870 CABOT DRIVE

NOVI, MI483772920

Hospice of North Iowa

232 SECOND STREET SE

Hospice of Washtenaw II

806 AIRPORT BLVD

ANN ARBOR, MI48108

1675 LEAHY STREET

72 S STATE STREET

SHELBY, MI494551228

166 EAST GOODALE AVE

Marian Home Healthcare

SIOUX CITY, IA51101

ANN ARBOR, MI48106

281 ENTERPRISE COURT

McAuley Clinic Corporation

Mercy Amicare Home Healthcare Oakland

Mercy Amicare Home Healthcare Port Huron

Mercy General Health Partners Amicare Homecare

BLOOMFIELD HILLS, MI483020312

BATTLE CREEK, MI490372728

MUSKEGON, MI49442

Lakeshore Community Hospital Inc

MASON CITY, IA504016208

FARMINGTON HILLS, MI48333

Holy Cross Hospital Foundation Inc

Holy Cross Hospital of Silver Spring Inc

SILVER SPRING, MD209101484

BLOOMFIELD HILLS, MI48302

BAUM HARMON MERCY HOSPITAL

38-2949053

38-2776791

38-3355520

42-1500277

26-2973307

31-1387838

PO BOX 995

38-2507173

38-3320699

34-2032340

26-2227941

20-5383271 Hackley Hospital

38-1358196

PO BOX 3302

38-2299878

38-1386362

38-1359598

PO BOX 9184

52-1945054

20-8428450

52-0738041

95-1985442

42-1173708

38-3320707 HPCN

30-0207909

38-2549295 Lifespan Inc

38-3298476

38-3320705

PO BOX 992

38-2561013

38-3320698

38-3320701

26-4252468

38-3321856

2540 16TH STREET

363 FREMONT ST

PORT HURON, MI48060

Mercy Community Physicians

BATTLE CREEK, MI49017

684 HARVEY STREET

MUSKEGON, MI49442

801 5TH STREET

PROVIDE HOSPICE

HEALTHCARE SERVICES

SUPPORT OF TAX EXEMPT

HEALTH ORGANIZATION

A cute/A mbulatory

related hospital

(formerly)

services

County Ohio

related hospital

related hospital

healthcare services

Support the services of

Operation of a federally

qualified health center

Further Trinity Health

activities, organize and

Provide hospice health

Hospital campus in Fairfield

Support the services of

Support the services of

HEALTHCARE SERVICES

Self insurance for general

Counseling, education, and

Provide home health care

rehabilitation for the elderly

Long-term care and

Charitable fundraising

HEALTHCARE SERVICES

HEALTHCARE SERVICES

(FORMERLY)

services

services

Hospice health care

Hospice health care

HEALTHCARE SERVICES

A cute healthcare services

Provide hospice health

Provide home health care

HEALTHCARE SERVICES

Provide home health care

Provide home health care

HEALTHCARE SERVICES

Provide home health care

services

services

(FORMERLY)

services

services

services

support

services

and malpractice liability

develop medical services

SERVICES

SOUTH BEND CAMPUS INC

(A)	(B)	Leg

(A)	(B)	
Name address and ETN of related organization	Drimary Activity	

(A)	(B)	Le
Name, address, and EIN of related organization	Primary Activity	

(C)

(State

or Foreign

Country)

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(D)

Exempt Code

section

501(C)(3)

(E)

Public charity

status

(if 501(c)(3))

11, TYPE I

11, TYPE I

11, TYPE I

11, TYPE II

11, TYPE I

11, TYPE I

11, TYPE I

11. TYPE III-FI

11, TYPE I

11, TYPE I

11, TYPE II

11, TYPE I

11, TYPE I

11, TYPE I

11, TYPE I

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

orm 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organizatio
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edule R, Part II -	Identification of	Related Tax-	Exempt Organi	zation

Software ID:

v-Evemnt Organizations	

gal Domicile

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-

EIN: 35-0868157

Software Version:

Baum Harmon Mercy Hospital Mount Carmel Health System Trinity Health-Michigan

Form 990, Schedule R, Part II - Identification of Related	Tax-Exempt Organiza				
(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 501(c)(3))	(F) Direct Controlling Entity
NOVI, MI483772920 38-2606571	Charitable fundraising	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
MUSKEGON, MI49442 38-2589966	Healthcare system support	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Health Services - Iowa Corp 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	Trinity Health- Michigan
Mercy Healthcare Foundation 1410 N 4TH ST CLINTON, IA 52732 42-1316126	Fundraising and financial assistance for hospital charitable services	IA	501(C)(3)	11, TYPE I	Mercy Medical Center- Clinton
27870 CABOT DRIVE	Supports malpractice contingencies of closed hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
	Support the services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Hospital Gift Shop 2601 ELECTRIC AVE PORT HURON, MI48060 38-1630480	Volunteer Service A uxiliary	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Mercy Medical Center - Clinton Inc 1410 NORTH 4TH ST CLINTON, IA 527322940 42-1336618	To provide quality health care	DE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Mercy Medical Center - Sioux City Foundation 801 5TH STREET SIOUX CITY, IA51102 14-1880022	Support the services of related hospital	IA	501(C)(3)	7	Mercy Health Services-Iowa Corp
Mercy Medical Center Foundation - North Iowa 1000 4TH STREET SW MASON CITY, IA 504012800 42-1229151	Support the services of related hospital	IA	501(C)(3)	11, TYPE III-FI	Mercy Health Services-Iowa Corp
Mercy North Homecare and Hospice 7985 MACKINAW TRAIL CADILLAC, MI49601 38-3313897	Home health and hospice services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
	Provides long-term care for the elderly	MI	501(C)(3)	9	Battle Creek Health System
	Provides long-term care for the elderly	MI	501(C)(3)	11, TYPE II	Trinity Continuing Care Services Inc
Midwest Medflight 1300 VICTORS WAY ANN ARBOR, MI48108 38-2684671	A eromedical transport	MI	501(C)(3)	9	Trinity Health- Michigan
Mount Carmel Care Continuum Services Corp 793 WEST STATE STREET COLUMBUS, OH43222 31-1126211	Cooperative hospital service organization	O	501(C)(3)	3	Mount Carmel Health System
Mount Carmel College of Nursing 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1308555	College of nursing	O	501(C)(3)	2	Mount Carmel Health
Mount Carmel Health 6150 EAST BROAD STREET COLUMBUS, OH43213 31-4379602	HEALTHCARE SERVICES	ОН	501(C)(3)	3	Mount Carmel Health System
Mount Carmel Health Insurance Company 6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781	Health Insurance	ОН	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health Plan Inc 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1471229	Medicare HMO for seniors	ОН	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health System 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1439334	Healthcare system management and support	ОН	501(C)(3)	11, TYPE I	Trinity Health Corporation
Mount Carmel Home Care LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH43215 26-2729300	Provide home health care services	ОН	501(C)(3)	9	Trinity Home Health Services Inc
Mount Carmel New Albany Surgical Hospital 7333 SMITHS MILL RD NEW ALBANY, OH43054 87-0790288	HEALTHCARE SERVICES	он	501(C)(3)	3	Mount Carmel Health System
	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	Trinity Health- Michigan
O akland Mercy Hospital	HEALTHCARE SERVICES	NE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Our Lady of Peace Hospital Inc 801 EAST LASALLE AVE 4TH FLOOR SOUTH BEND, IN466172814 35-2108936	HEALTHCARE SERVICES	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Port Huron Mercy Family Care Inc 2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan
Professional Med Team	Medical care, transportation and education	MI	501(C)(3)	9	Trinity Health- Michigan
Professional Office Corporation	HEALTHCARE SERVICES	СА	501(C)(3)	11, TYPE I	Saint Agnes Medical Center
Saint Agnes Medical Center	HEALTHCARE SERVICES	СА	501(C)(3)	3	Trinity Health Corporation
Saint Alphonsus Building Company Inc 1055 NORTH CURTIS RD BOISE, ID83706 82-0401011	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations	Form 990, Schedule R, Part II -	Identification of Related	Tax-Exempt Organiza	tions
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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 501(c)(3))	(F) Direct Controlling Entity				
Saint Alphonsus Diversified Care Inc 1055 NORTH CURTIS RD BOISE, ID83706 94-3028978	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc				
Saint Joseph Regional Medical Center - Plymouth Campus Inc 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN46563 35-1142669	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc				
Saint Joseph Regional Medical Center Inc 801 EAST LASALLE AVE SOUTH BEND, IN46617 35-1568821	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Trinity Health Corporation				
Saint Joseph's Auxiliary of Marshall County 1915 LAKE AVENUE PLYMOUTH, IN46563 35-6043563	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	Saint Joseph Regional Medical Center - Plymouth Campus Inc				
Saint Joseph's Tower Inc PO BOX 9184 FARMINGTON HILLS, MI483339184 31-1040468	Provides housing for low income elderly individuals	IN	501(C)(3)	9	Trinity Continuing Care Services-Indiana				
Saint Mary's Amicare Home Healthcare 1430 MONROE NW GRAND RAPIDS, MI48905 38-3320700	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc				
1 700 TEFFEDSON ST SE	Supports services of related hospital	MI	501(C)(3)	7	Trinity Health- Michigan				
St Alphonsus Regional Medical Center 1055 NORTH CURTIS RD BOISE, ID83706 82-0200895	Healthcare services	ID	501(C)(3)	3	Trinity Health Corporation				
St John's Health System 27870 CABOT DRIVE NOVI, MI483772920 35-0877584	HEALTHCARE SERVICES (FORMERLY)	IN	501(C)(3)	3	Trinity Health Corporation				
St Joseph Mercy Oakland Foundation 44405 WOODWARD AVE PONTIAC, MI48341 35-2356789	Supports services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health- Michigan				
St Ann's Hospital 500 SOUTH CLEVELAND AVE WESTERVILLE, OH43081 31-4412701	HEALTHCARE SERVICES	он	501(C)(3)	3	Mount Carmel Health System				
St Joseph's Medical Center Auxiliary 801 E LASALLE AVE PO BOX 1935 SOUTH BEND, IN466341935 35-6033285	Hospital Service Auxiliary	IN	501(C)(4)	N/A	Saint Joseph Regional Medical Center - South Bend Campus Inc				
St Joseph Hospital of Mishawaka Auxiliary 215 WEST FOURTH ST MISHAWAKA, IN46544 35-1089149	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	The Foundation of Saint Joseph Regional Medical Center				
The Foundation of Saint Joseph Regional Medical Center 4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543	Supports services of related hospital	IN	501(C)(3)	11, TYPE I	Saint Joseph Regional Medical Center Inc				
Trinity Continuing Care Services PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2559656	Management services for Long term care and senior living facilities	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation				
Trinity Continuing Care Services - Indiana Inc PO BOX 9184 FARMINGTON HILLS, MI483339184 93-0907047	Provides long-term care and residential housing	IN	501(C)(3)	9	Trinity Continuing Care Services				
Trinity Health - Michigan 27870 CABOT DRIVE NOVI, MI483772920 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	Trinity Health Corporation				
Trinity Health Corporation 27870 CABOT DRIVE NOVI, MI483772920 35-1443425	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Catholic Health Ministries				
Trinity Health International 27870 CABOT DRIVE NOVI, MI483772920 42-1253527	Healthcare training and support services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation				
Trinity Health Welfare Benefit Trust 27870 CABOT DRIVE NOVI, MI483772920 20-8151733	Retiree medical and retiree life insurance coverage	MI	501(C)(9)	N/A	Trinity Health Corporation				
Trinity Home Health Services Inc 17410 COLLEGE PARKWAY LIVONIA, MI48152 38-2621935	Home health care system management services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation				

Form 990, Schedule R, Pa	rt III - Identification	of Rela	ted Organiza 	ations Taxabl	le as a Partnershi	p	(H)	(1)		(1)
(A) Name, address, and EIN of related organization	(B) Primary activity	Legal Domicile (State or	(D) Direct Controlling Entity	(E) Predominant income(related, investment,	(F) Share of total income (\$)	(G) Share of end-of- year assets (\$)		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065)	Man	neral or iaging tner?
		Foreign Country)		unrelated)			Yes No	(\$)	Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK 5325 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297 ADVENT REHABILITATION	RADIOLOGY/IMAGING	MI	N/A	N/A			No			No
LLC	REHABILITATION THERAPY SERVICES	MI	N/A	N/A			N o			No
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A			No			No
COLUMBUS, OH43222 31-1608125 CCH LABORATORY										
775 SOUTH MAIN STREET CHELSEA, MI48118 38-2910400 CENTRAL OHIO SLEEP MEDICINE LTD	LABORATORY	MI	N/A	N/A			N o			No
	SLEEP MEDICINE SERVICES	он	N/A	N/A			No			No
SERVICES LLC	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A			No			No
1000 4TH STREET SW	X-RAY AND MAMMO GRAPHY SERVICES	IA	N/A	N/A			No			No
LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446 FRESNO IMAGING CENTER	LA BO RA TO RY	МІ	N/A	N/A			N o			No
FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A			No			No
1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A			No			No
	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A			No			No
20-2975807 MAGNETIC RESONANCE SERVICES PARTNERSHIP	MRI SERVICES	IA	N/A	N/A			No			No
MASON CITY, IA50401 42-1328388 MASON CITY AMBULATORY SURGERY CENTER LLC										
990 4TH STREET SW MASON CITY, IA 50401 20-1960348 MCE MOB IV LIMITED PARTNERSHIP	SURGERY-SAME DAY	IA	N/A	N/A			N o			No
793 W STATE STREET COLUMBUS, OH43222 42-1544707 MCMC POB III LIMITED	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A			N o			No
	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A			No			No
	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A			No			No
SERVICES LLC	CARDIOVASCULAR SERVICES	IA	N/A	N/A			No			No
INFORMATION NETWORK LLC	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A			No			Νο
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A			No			No
4190 24TH AVENUE FORT GRATIOT, MI48059	OUTPATIENT SURGERY CENTER	MI	N/A	N/A			N o			No
	AMBULATORY SURGERY	CA	N/A	N/A			No			No
	MEDICAL OFFICE	ОН	N/A	N/A			INI -			NI -
	BUILDING RENTAL	ОП	N/A	N/A			N o			N o
4487 N DRESDEN PL STE 101 BOISE, ID83714 82-0484674 SIXTY FOURTH STREET LLC	NEPHROLOGY SERVICES	ID	N/A	N/A			No			No
2373 64TH ST STE 2200 BYRON CENTER, MI49315 20-2443646 ST ALPHONSUS CALDWELL	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A			N o			No
CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A			No			No
793 W STATE STREET COLUMBUS, OH43222	MEDICAL OFFICE BUILDING RENTAL	он	N/A	N/A			No			No
31-1603660 TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE DONNELLY, ID83615	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A			No			No
20-1637921 WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET	MEDICAL OFFICE BUILDING RENTAL	ОН	N/A	N/A			No			No
COLUMBUS, OH43222 31-1784409 WOODLAND IMAGING CENTER LLC										
ANN ARBOR, MI481060992 76-0820959	RADIOLOGY/IMAGING		SAINT	N/A			N o			No
EDISON LAKES MEDICAL CENTER ASSOCIATES LP 527 PARK PLACE CT STE 200 MISHAWAKA, IN46545 35-1836175	MEDICAL OFFICE BUILDING RENTAL	IN	JOSEPH REGIONAL	RELATED	5,437,098	98,966	No			Νο

Form 990, Schedule R, Part IV - Ident	1	ated Organizati (C)	ons Taxable as a	a Corporation o	r Trust (F)	(G)	(н)
Name, address, and EIN of related organization	(B) Primary activity	Legal Domicile (State or Foreign Country)	Direct Controlling Entity	Type of entity (C corp, S corp, or trust)	Share of total income (\$)	Share of end-of-year assets (\$)	Percentage ownership
	MEDICAL SERVICES		N/A	С		\T /	
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	МІ	N/A	С			
I MIISKEGON MIAGAA)	OTHER MEDICAL SERVICES	МІ	N/A	С			
I MIISKEGON MIAGAA)	HOME MEDICAL EQUIPMENT	МІ	N/A	С			
	HEALTHCARE SERVICES	МІ	N/A	С			
	REAL ESTATE RENTAL	МІ	N/A	С			
38-2447870	PHARMACY	МІ	N/A	С			
38-3086401	OFFICE STAFFING	МІ	N/A	С			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD20904 52-1986562	HOME CARE SERVICES	MD	N/A	С			
5301 EAST HURON RIVER DR PO BOX 992	PROVIDES OFFICE RENTAL SPACE	МІ	N/A	С			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	С			
1820-441H SIREET	OCCUPATIONAL HEALTH SERVICES	МІ	N/A	С			
MERCY HOSPITAL OUTPATIENT PHARMACY INC 2601 ELECTRIC AVENUE PORT HURON, MI48060 38-2721029	RETAIL PHARMACY	MI	N/A	С			
	PRIMARY CARE PHYSICIANS	IA	N/A	С			
MICHIGAN PHYSICIAN SERVICES 44405 WOODWARD AVENUE H-5 PONTIAC, MI48341 38-3293125	PHYSICIAN SERVICES	МІ	N/A	С			
GRAND RAPIDS, MI49546 38-2647304	ATHLETIC CLUB	МІ	N/A	С			
6150 EAST BROAD STREET	BEHAVIORAL HEALTHCARE SERVICES	ОН	N/A	С			
MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, 0H43213 31-1177652	MEDICAL SERVICES/RENT	ОН	N/A	С			
31-1382442	MEDICAL SERVICES	он	N/A	С			
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA50401 42-1382308	MEDICAL SERVICES	IA	N/A	С			
PRIMARY CARE NETWORK OF OHIO INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1422486	HEALTH MANAGEMENT SERVICES	ОН	N/A	С			
PRIORITY PLUS OF CALIFORNIA PO BOX 25790 FRESNO, CA93729	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED SUBSTANTIALLY	CA	N/A	С			
SAINT ALPHONSUS PHYSICIAN SERVICES INC	ALL OPERATIONS PHYSICIAN						
1055 NORTH CURTIS ROAD BOISE, ID83706 82-0477852 SAINT ALPHONSUS PHYSICIANS PA	CLINICS	ID	N/A	С			
33-1078261 SAINT MARY'S HEALTH MANAGEMENT	PHYSICIANS	ID	N/A	С			
1640 EAST PARIS SE GRAND RAPIDS, MI49546 38-3450733	ATHLETIC CLUB	MI	N/A	С			
6150 EAST BROAD STREET	FINANCE, INSURANCE AND REAL ESTATE	он	N/A	С			
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 38-3410377	GRANTOR TRUST	MI	N/A	т			
TRINITY HEALTH SELF-INSURANCE PLAN	GRANTOR TRUST	MI	N/A	Т			
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND 27870 CABOT DRIVE NOVI, MI483772920	GRANTOR TRUST	MI	N/A	Т			
GRAND CAYMAN CJ	PROVISION OF INSURANCE COVERAGE	CJ	N/A	С			
98-0453602 WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI49508	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	С			
	O C C U P A T I O N A L H E A L T H	MI	N/A	С			
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Form 990, Schedule R, Part V - Transactions with Related Organizations	,
(A)	

SAINT JOSEPH REGIONAL MEDICAL CENTER INC

SAINT JOSEPH REGIONAL MEDICAL CENTER INC

TRINITY HEALTH CORPORATION

MOUNT CARMEL HEALTH SYSTEM

(1)

(2)

(11)

(12)

Name of other organization

(3)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC]	656,488
(4)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	К	296,311
(5)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	46,428,492
(6)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	0	5,644,055
(7)	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Р	1,049,037
(8)	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	К	146,764
(9)	OUR LADY OF PEACE HOSPITAL INC	К	1,139,830
(10)	TRINITY HEALTH CORPORATION	Р	76,584

(C) A mount Involved

(\$)

198,390

39,840,256

2,406,300

506,451

(B)

Transaction type(a-r)

Ι

В

Q