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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
St Joseph Regional Health Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2801 FRANCISCAN DRIVE

City or town, state or country, and ZIP + 4
BRYAN, TX 77802

D Employer identification number
74-1282696

E Telephone number
(979) 776-3777

G Gross receipts $ 526,397,139

F Name and address of principal officer
ANTHONY PFTIZER
2801 FRANCISCAN DRIVE
BRYAN,TX 77802

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ST-JOSEPH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1936 | **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
In the Franciscan tradition, out of reverence for the dignity of every person, the hospital's main mission is to provide excellent health care and to promote wellness throughout the Brazos Valley

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	2,462
6	Total number of volunteers (estimate if necessary)	**6**	727
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	366
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,653,177	1,598,464
9	Program service revenue (Part VIII, line 2g)	274,905,352	302,033,215
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,002,575	4,419,094
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,358,175	3,524,734
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286,919,279	311,575,507
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	908,804	820,031
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	108,401,543	119,000,474
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	171,385,757	168,721,313
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	280,696,104	288,541,818
19	Revenue less expenses Subtract line 18 from line 12	6,223,175	23,033,689

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	350,574,370	382,119,274
21	Total liabilities (Part X, line 26)	184,480,208	170,115,341
22	Net assets or fund balances Subtract line 21 from line 20	166,094,162	212,003,933

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-11

LISA MCNAIR SR VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204		EIN ▶	Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

In the Franciscan tradition, out of reverence for the dignity of every person, the hospital's main mission is to provide excellent health care and to promote wellness through the Brazos Valley THE HOSPITAL PROVIDES HEALTH CARE SERVICES TO THE CITIZENS OF BRYAN AND COLLEGE STATION, TEXAS, AND THE 12 COUNTIES IN THE HOSPITAL'S BRAZOS VALLEY SERVICE AREA THROUGH ITS ACUTE CARE AND SPECIALTY CARE FACILITIES, INCLUDING A CRITICAL ACCESS HOSPITAL IN NAVASOTA

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 19,238,305 including grants of $) (Revenue $ 18,833,468)

Emergency Room The Emergency Services Department is the only center in the region staffed with Board-Certified Emergency Physicians 24 hours a day Express Care services, available daily from noon to 10 p m offers expedient care to patients with an illness or injury which lends itself to rapid diagnosis, treatment and discharge There were 63,569 Emergency Services Department visits in 2009

4b (Code) (Expenses $ 4,485,657 including grants of $) (Revenue $ 3,111,946)

St Joseph Emergency Medical Services (SJEMS) operates a fleet of nine ambulances, staffed by Emergency medical Technicians and Paramedic who respond to almost 14,000 service requests each year SJEMS is a network of ambulance services that includes the Bryan-College Station area as well as Burleson, Grimes and Madison Counties

4c (Code) (Expenses $ 2,166,011 including grants of $) (Revenue $ 743,270)

St Joseph Regional Health Center provides a 10-bed inpatient Behavioral Health Unit (BHU), which is located within the Grimes St Joseph health Center in Navasota, Texas In 2009, St Joseph BHU is the only provider of inpatient behavioral health services in the seven-county region that make up the Brazos Valley Council of Governments

4d Other program services (Describe in Schedule O)

(Expenses $ 216,217,171 including grants of $ 820,031) (Revenue $ 279,344,531)

4e **Total program service expenses** ▶ $ 242,107,144

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	456		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	2,462		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that are independent . .	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶

18 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

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

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

LISA MCNAIR
2801 FRANCISCAN DRIVE
BRYAN,TX 77802
(979) 776-2553

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,857,523	0	411,821

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 118

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MANHATTAN CONSTRUCTION COMPANY 2120 MONTROSE BLVD HOUSTON, TX 77006	CONSTRUCTION SERVICE	6,751,876
COGENT HEALTHCARE OF TX INC PO BOX 974716 DALLAS, TX 753974716	PROFESSIONAL MEDICAL	2,991,337
RC FINANCIAL GROUP INC 6801 SANGER 195 WACO, TX 76702	BILLING/COLLECTIons	1,284,881
TRAVEL NURSE SOLUTIONS PO BOX 404118 ATLANTA, GA 303844118	PROFESSIONAL NURSING	1,264,858
DUDLEY CONSTRUCTION LTD 11370 STATE HWY 30 COLLEGE STATION, TX 77845	CONSTRUCTION SERVICE	899,626
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 91		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	809,222			
	e	Government grants (contributions)	1e	712,742			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	76,500			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,598,464			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	622,110	208,402,918	208,402,918		
	b	MEDICARE/MEDICAID	622,110	93,630,297	93,630,297		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		302,033,215			
	3	Investment income (including dividends, interest and other similar amounts)		8,616,928			8,616,928
	4	Income from investment of tax-exempt bond proceeds		713,649			713,649
	5	Royalties		1,106			1,106
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,320,499				
	b	Less rental expenses	238,057				
	c	Rental income or (loss)	1,082,442				
	d	Net rental income or (loss)		1,082,442			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	209,672,092				
	b	Less cost or other basis and sales expenses	214,490,633	92,942			
	c	Gain or (loss)	-4,818,541	-92,942			
	d	Net gain or (loss)		-4,911,483			-4,911,483
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA/CAFE	722,310	1,110,462			1,110,462
	b	REBATES	900,099	294,673			294,673
	c	LAUNDRY SERVICES	812,300	163,439		366	163,073
	d	All other revenue		872,612			872,612
	e	**Total.** Add lines 11a–11d		2,441,186			
	12	**Total revenue.** See Instructions		311,575,507	302,033,215	366	6,861,020

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	820,031	820,031		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,685,941		2,685,941	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	90,809,040	76,246,299	14,562,741	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,215,042	5,169,409	1,045,633	
9	Other employee benefits	12,328,143	10,067,435	2,260,708	
10	Payroll taxes	6,962,308	5,555,936	1,406,372	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	231,131		231,131	
c	Accounting	237,592		237,592	
d	Lobbying	24,619		24,619	
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	22,593		22,593	
g	Other	31,451,398	20,173,948	11,277,450	
12	Advertising and promotion	1,024,134	27,338	996,796	
13	Office expenses	53,725,606	51,987,850	1,737,756	
14	Information technology	752,590	177,100	575,490	
15	Royalties	0			
16	Occupancy	5,160,292	4,321,497	838,795	
17	Travel	312,890	224,347	88,543	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,128,528	6,128,528		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,355,645	11,355,645		
23	Insurance	2,338,238	2,338,238		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBT	48,959,718	47,001,329	1,958,389	
b	ASSESSMENT	4,489,265		4,489,265	
c	RECRUITMENT	1,247,932		1,247,932	
d	OTHER EXPENSES	554,994	405,850	149,144	
e	DUES & SUBSCRIPTIONS	451,416	84,229	367,187	
f	All other expenses	252,732	22,135	230,597	
25	**Total functional expenses.** Add lines 1 through 24f	288,541,818	242,107,144	46,434,674	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,496,674	1	4,749,890
	2	Savings and temporary cash investments		39,427,658	2	20,524,297
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		42,891,212	4	46,600,667
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,304,729	8	5,588,151
	9	Prepaid expenses and deferred charges		2,226,996	9	2,467,552
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 283,838,645			
	b	Less accumulated depreciation	10b 126,274,447	133,908,269	10c	157,564,198
	11	Investments—publicly traded securities		90,786,797	11	100,790,682
	12	Investments—other securities See Part IV, line 11		6,870,444	12	13,190,143
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		24,661,591	15	30,643,694
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		350,574,370	16	382,119,274
Liabilities	17	Accounts payable and accrued expenses		52,713,508	17	41,052,869
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		131,537,910	20	128,851,940
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		228,790	25	210,532
	26	**Total liabilities.** Add lines 17 through 25		184,480,208	26	170,115,341
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		164,592,895	27	211,021,828
	28	Temporarily restricted net assets		1,501,267	28	982,105
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		166,094,162	33	212,003,933
	34	Total liabilities and net assets/fund balances		350,574,370	34	382,119,274

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLINE S MCDONALD CHAIRPERSON	1 0	X		X				0	0	0
ROBERT UPCHURCH VICE CHAIRPERSON	1 0	X		X				0	0	0
TERRELL ROWAN SECRETARY	1 0	X		X				0	0	0
ROBERT T BISOR III GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
DANIEL DAWSON MD GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
SR NANCY FERGUSON OSF GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
RICHARDO GUTIERREZ MD GOVERNANCE COUNCIL MEMBER	1 0	X						11,200	0	0
TERRY JENKINS MD GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
SAMMY ORANGE GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
GEORGE NELSON EX-OFFICIO GOV COUNCIL MEMBER	1 0	X						0	0	0
THOMAS A SALZER MD MEDICAL STAFF PRESIDENT	1 0	X						0	0	0
ANTHONY D PFITZER PRESIDENT/CEO SJHS	40 0	X		X				369,162	0	31,781
LISA R MCNAIR SENIOR VP/CFO	40 0			X				262,173	0	28,828
SISTER ALICE WARRICK SENIOR VP MISSION INTEGRATION	40 0			X				128,385	0	13,111
GARY MARK MONTGOMERY MD VP QUALITY & MEDICAL AFFAIRS	40 0			X				304,263	0	27,103
JOHN A PHILLIPS VP INFORMATION SYSTEMS	40 0			X				180,800	0	22,855
DORIS REDMAN VP PROFESSIONAL SERVICES	40 0			X				182,898	0	23,721
MICHAEL G COSTA VP HUMAN RESOURCES	40 0			X				181,378	0	22,681
JONATHAN R TURTON VP OUTPATIENT SERVICES	40 0			X				171,346	0	16,840
DON KIRK CRISTY VP FINANCIAL SERVICES	40 0			X				164,403	0	22,535
STEVEN J CRICHTON VP SUPPORT SERVICES	40 0			X				155,280	0	16,110
ALAN J HURLEY VP PHYSICIAN PRACTICE Mgmt	40 0			X				192,951	0	23,555
TIMOTHY C OTTINGER VP COMMUNICATIONS	40 0			X				125,169	0	18,613
REED EDMUNDSON VP RURAL HOSPITALS	40 0			X				186,433	0	23,536
CHARLES HALL REGISTERED PHARMACIST	40 0					X		149,728	0	21,499

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY W TAYLOR REGISTERED PHARMACIST	40 0					X		149,234	0	22,546
TAE-MOK HWANG-LEMOS REGISTERED NURSE	40 0					X		145,681	0	23,289
JOSEPH A HLAVIN PHYSICIAN'S ASSISTANT	40 0					X		146,244	0	22,983
ALEN C CHANG REGISTERED PHARMACIST	40 0					X		140,935	0	19,906
JOHN J BUCKLEY FORMER PRESIDENT/CEO SJHS							X	360,419	0	9,543
PAULA ZALUCKI FORMER SENIOR VP BUSINESS DEV							X	149,441	0	786

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	48,959,718	47,001,329	1,958,389	
ASSESSMENT	4,489,265		4,489,265	
RECRUITMENT	1,247,932		1,247,932	
OTHER EXPENSES	554,994	405,850	149,144	
DUES & SUBSCRIPTIONS	451,416	84,229	367,187	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
St Joseph Regional Health Center	74-1282696

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		24,619
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			24,619
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
MEMBERSHIP DUES TO AHA AND THA	SCHEDULE C, PART II-B	SJH PAID $41,086 TO AHA AND $75,318 59 TO THA IN 2009 THE PORTION OF THE DUES THAT WERE USED FOR LOBBYING PURPOSES WAS 32% FOR AHA AND 15 23% FOR THA TOTAL DUES PAID FOR LOBBYING ACTIVITIES WERE (41,086 x 32) + (75,318 59 x 1523) = $24,618 54

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,010,020		7,010,020
b Buildings		147,117,772	54,029,347	93,088,425
c Leasehold improvements				
d Equipment		94,676,329	72,245,100	22,431,229
e Other		35,034,524		35,034,524
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				157,564,198

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	30,643,694

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Charitable Gift Annuity Liability	210,532
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	210,532

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	311,575,507
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	288,541,818
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,033,689
4	Net unrealized gains (losses) on investments	4	23,382,053
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-505,971
9	Total adjustments (net) Add lines 4 - 8	9	22,876,082
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,909,771

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

1	Total revenue, gains, and other support per audited financial statements			1	307,222,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	5,149,539		
e	Add lines **2a** through **2d**			2e	5,149,539
3	Subtract line **2e** from line **1**			3	302,072,858
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	9,502,649		
c	Add lines **4a** and **4b**			4c	9,502,649
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	311,575,507

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

1	Total expenses and losses per audited financial statements			1	287,850,354
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	238,057		
e	Add lines **2a** through **2d**			2e	238,057
3	Subtract line **2e** from line **1**			3	287,612,297
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	929,521		
c	Add lines **4a** and **4b**			4c	929,521
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	288,541,818

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
liability for uncertain tax positions under FIN 48	SCHEDULE D, PART X	There are no material unrecorded tax liabilities as of December 31, 2009 or 2008
RECONCILIATION OF CHANGE IN NET ASSETS-FORM 990 TO FINANCIAL STATEMENTS	SCHEDULE D, PART XI	CHANGE IN BENEFICIAL INTEREST IN FOUNDATION $ (505,977) ROUNDING 6
RECONCILIATION OF REVENUE	FORM 990, SCHEDULE D, PART XII	SCHEDULE D, PART XII, LINE 2D RENTAL EXPENSES $ 238,057 SALE OF SECURITIES 4,818,541 LOSS ON DISPOSAL OF ASSETS 92,941 --------- TOTAL $5,149,539 SCHEDULE D, PART XII, LINE 4B DONATION FOR P&E FROM AFFILIATE $ 809,222 dONATION FROM AFFILIATE 76,500 MISCELLANEOUS INVESTMENT INCOME 8,479,907 INVESTMENT MANAGEMENT FEES 137,021 --------- TOTAL $9,502,649
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII	SCHEDULE D, PART XIII, LINE 2D RENTAL EXPENSES $ 238,057 SCHEDULE D, PART XIII, LINE 4B TRANSFER TO FOUNDATION $ 792,500 INVESTMENT MANAGEMENT FEES 137,021 -------- TOTAL $ 929,521

Additional Data

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Receivable from Affiliates	21,843,591
DEFERRED FINANCING COSTS	2,902,183
OTHER MISC RECEIVABLES	2,755,983
BENEFICIAL INTEREST IN FND	895,883
GOODWILL, NET OF AMORTIZATION	827,752
PHYSICIAN GUARANTEE-COWLING	643,419
HEALTH INSURANCE STOP LOSS REC	150,223
ACCRUED INTEREST	149,001
PHYSICIAN RECEIVABLE	144,234
FSC MALPRACTICE TRUST REC	125,000
RECEIVABLE FROM MORRISON	105,039
PREMIER RECEIVABLE	101,386

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			12,175,933	2,835,964	9,339,969	3 900 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			27,981,598	17,609,416	10,372,182	4 330 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			4,220,283	2,877,732	1,342,551	0 560 %
d **Total** Charity Care and Means-Tested Government Programs			44,377,814	23,323,112	21,054,702	8 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			103,778	41,843	61,935	0 030 %
f Health professions education (from Worksheet 5)			2,080,016	715,575	1,364,441	0 570 %
g Subsidized health services (from Worksheet 6)			40,285,549	31,725,303	8,560,246	3 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			437,567		437,567	0 180 %
j **Total** Other Benefits			42,906,910	32,482,721	10,424,189	4 350 %
k **Total.** Add lines 7d and 7j			87,284,724	55,805,833	31,478,891	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			103,778	41,843	61,935	100 000 %
8	Workforce development						
9	Other						
10	**Total**			103,778	41,843	61,935	100 000 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	8,989,004		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	87,646,611
6	Enter Medicare allowable costs of care relating to payments on line 5	6	78,455,441
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	9,191,170
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN,TX 77802	X	X					X		
GRIMES ST JOSEPH HEALTH CENTER 210 S JUDSON NAVASOTA,TX 77868	X				X		X		

Part VI Supplemental Information

Complete this part to provide the following information

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

St Joseph Regional Health Center's community benefits in 2009 continued to focus on the areas of greatest need identified in the health status assessment In accordance with our mission of providing excellent health care and promoting wellness throughout the Brazos Valley, St Joseph focused on these concerns by providing direct care services and educational opportunities that help residents become better consumers of medical care Consistent with its mission and values, St Joseph Regional Health Center provided $28,581,241 and Grimes St Joseph Health Center provided $762,819 of unreimbursed costs of charity care and government-sponsored indigent health care in 2009 to Brazos and surrounding counties As a regional health provider, we will continuously monitor the community we serve and maintain a community benefits plan to meet the changing healthcare needs of our region St Joseph Regional Health Center continues to work with the various County Health Resource Centers (Leon, Burleson, Grimes and Madison counties) developed under the Brazos Valley Health Partnership created to facilitate the development of health resources in the counties of the Brazos Valley By initiating community health promotion programs and partnering with organizations such as the BVHP, St Joseph Regional Health Center seeks to decrease the incidence and severity of conditions and diseases indicated in health status assessments

St Joseph Regional Health Center is part of a health system, which includes nine rural health clinics, one express care clinic and four acute care facilities Rural health clinics are located in Caldwell, Centerville, Franklin, Hearn, Lexington, Madisonville, Montgomery, Normangee and Somerville Prenatal care was provided in rural communities with direct referral to the delivery site at St Joseph Regional Health Center This delivery site provides more comprehensive and coordinated care than is available locally St Joseph Regional Health Center also partners with the Prenatal Clinic in Bryan to provide prenatal care for uninsured mothers and those covered under Medicaid Approximately 95% of mothers receiving care at the Prenatal Clinic deliver their babies at St Joseph Regional Health Center This further improves the early onset of prenatal care and reduces the number of low birth-weight babies in the Brazos Valley Expectant parents are provided many opportunities for education before the birth of their child, such as childbirth, newborn care, and breastfeeding classes These classes are offered free-of-charge to Medicaid recipients In 2009, 37 mothers utilized this free service Additionally, teenage mothers delivering babies at St Joseph receive a post-partum consultation with social services and referred to other community agencies as needed Health educators from SJRHC provide information and resources for the teen parenting classes at school districts in the Brazos Valley Local and regional partnerships are essential in the promotion of immunization education throughout the Brazos Valley Daycare facilities, physician offices, health fairs, churches, and school districts all provided avenues for parents and caregivers to receive immunization education In Bryan, St Joseph Regional Health Center co-sponsors "Shots for Tots" with the Brazos County Health Department This monthly free immunization clinic for children ages birth to twelve years, provided immunications to 276 children in 2009 Many of these participants were infants receiving immunizations for the first time In July, St Joseph Healthy Communities partnered with community organizations and hosted "operation Healthy Kids " In addition to free immunizations, over 50 children received free height, weight, hearing, vision, and developmental screenings Immunizations at Shots for Tots are provided by the Brazos County Health Department through the Vaccines for Children program

Bad debt expenses of $48,959,718 included on Form 990, Part IX, line 25, Column A, were subtracted from total expenses for purposes of calculating the percentage in this column

a) Charity care - RCC, b) Medicaid - Cost accounting data was used or actual general ledger data Bad debt removed and esitmated cost of charity was removed, c) other government programs - same as Medicaid, e) Community Health Improvement Service - Specialized software Lyon software, f) Resident's Cost - General ledger actual subsidies to Residency Program reduced by MCR GME, g) Subsidized health services - same as Medicaid, i) contributions - Actual general ledger expense

Note No footnote in audited financial statements Description of bad debt expense is as follows Using a template similar to the template used to estimate monthly contractual allowance for accounts receivable accounts is also used for bad debt allowance Using an AR aging report and a Current self-pay report from the MediTech system, self-pay AR balances are entered into the template Self-pay AR is multiplied by an estimated bad debt percentage This percentage is based on historical collections provided by Decision Support A credit is made to the bad debt allowance account to record the estimate with an off-setting debit to bad debt expense Charity allowance is calculated as 100% of the charity payor class A credit is made to the charity allowance account to record the estimate with an off-setting debit to the charity contra-revenue account An additional calculation is made for charity An estimate of total charity write-offs as compared to total net revenue by month is performed An average write off percentage is calculated and is applied to the previous month's revenue This is recorded as an additional charity reserve Charity and bad debt, are reported separately based on a historical percentage

There is no shortfall using cost report information

In accordance with St Joseph Health System Policy #17 "St Joseph Health System has established the following payment options to assist guarantors of patient accounts in discharging their financial responsibilities to the hospital A completed financial assistance (uncompensated services) application accompanied by the required documentation which establishes the qualification for a financial assistance (charity) discount at or prior to the delivery of health care services if the services are scheduled If unscheduled services are provided, the financial assistance (uncompensated services) application and documentation must be completed and provided to a SJHS team member at the date determined by the SJHS team member Financial Assistance (uncompensated Care) collection process - Until financial assistance (charity care/uncompensated care) has been determined either by a completed and approved financial assistance application or by the patient/responsible party's residence being in an impoverished zip code which qualifies for financial assistance per the system Financial Assistance policy (SJHS #70), the standard collection process requiring payment for the account will be enforced

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

In serving the community, St Joseph Regional Health Center assesses community health needs on an on-going basis Using information from needs assessments, SJRHC works to improve the health of the community through the delivery of charity and unreimbursed indigent health care, access to primary care through network development in the region it serves and community-based health education and prevention programs According to results from the 2006 Brazos Valley Health Status Assessment and background data, the leading causes of death in the Brazos Valley are coronary heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes The most frequently reported chronic diseases and conditions included obesity, hypertension, high cholesterol, arthritis, rheumatism, depression and asthma St Joseph Regional Health Center representatives, through the Brazos Valley Health Partnership, were involved in the updated health status assessment of the Brazos Valley, which was completed in July 2006

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Information concerning financial assistance for patients is communicated via the St Joseph Health System web site, Consent for Admission and Registration, signage posted in Emergency Rooms and other conspicuous patient traffic areas, financial counselors, patient communications and patient bills

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

St Joseph Regional Health Center provides health services to an area that exceeds seven counties in the Brazos Valley The seven primary counties include Brazos, Leon, Madison, Burleson, Grimes, Washington and Robertson counties 60% of the total population served is located in the Bryan-College Station metropolitan area, making Brazos County the system's primary service area The other six counties cumulatively account for 40% of the inpatient admissions to the Regional Health Center in Bryan

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

Schedule H, Part I, line 7e Community health improvement advocacy Tobacco Cessation Inpatient programs at St Joseph Regional Health Center provide tobacco cessation education Every individual who is admitted to St Joseph Regional Health Center who has used tobacco products within the last year is offered counseling and literature on tobacco cessation St Joseph Regional Health Center, along with the College Station Medical Center, adopted a smoke-free campus policy, which compels patients, visitors, and staff to refrain from smoking while on health care campuses and helps create the healthiest environment possible for guests Diabetes Management Education St Joseph Regional Health Center provides community education for diabetes prevention and management A certified diabetes educator and a dietitian teach bi-monthly diabetes education classes for diabetics and their guests Four community health education seminars promoting diabetes awareness were also offered in and around the Brazos Valley In 2009, this program reached over 263 residents A St Joseph Regional Health Center representative also serves on the Diabetes Coalition, a five-week diabetes education series entitled "Do Well, Be Well with Diabetes" Support Groups Having a support system is essential to our community's health and well being St Joseph Regional Health Center publications and website highlight a listing of thirteen (13) area support groups offered at St Joseph facilities and throughout the community In 2009, community attendance at St Joseph-sponsored support groups reached 2,948 Senior Life Services As our population ages, care for senior citizens becomes increasingly important St Joseph Regional Health Center, through its affiliates, offers this group many opportunities for care and growth, including the St Joseph Manor in Bryan and the Burleson St Joseph Manor in Caldwell The Gold Medallion Club provides education, social outings, and hospital benefits for over 5,300 members St Joseph Helpline, an in-home personal emergency response service, offers safety, security and independence to 553 seniors to safely live at home Fifty-three (53) Helpline subscribers receive a discounted rate based on their income Lifelong fitness is also encouraged through the St Joseph Wellness Program Other Educational Opportunities Over 2,300 residents of the Brazos Valley benefited from fifty-three (53) free educational seminars in 2009 Topics presented in these seminars included Alzheimer's disease, arthritis, cancer, sleep disorders, diabetes management, healthy eating, heart health and stroke prevention Education is provided on areas of need identified by the health status assessment, as well as prevention and rehabilitation for a variety of other health issues Health education opportunities continued outside of Brazos County, with educational seminars presented in Robertson, Grimes, Madison, and Burleson Counties St Joseph publications and media sponsorships highlight health education information such as the local "Health Scene" segment on our CBS television affiliate and health newsletters to the community Youth to Career Fair Bryan/College Station Chamber of Commerce annual "Youth to Career Fair" - Eight grade students from College Station ISD, Bryan ISD, area private schools, home schools and surrounding area schools are invited to attend The purpose of the event is to expose area 8th graders to all aspects of business and encouraged to investigate career pathways unknown to them and expand their horizons so they may plan their high school schedules in an educated manner SJRHC has a booth in various health care disciplines and also informs students of what to expect in hourly pay and the requirements for the jobs 2800 students participated in 2009 Case Management SJRHC Case Management helps indigent patients receive medications, DME and some transportation to carry them over from their hospital stay to their qualifying for outside financial aid This activity accounted for almost 43% of the Net community building expense reported in Part II, line 7 Spirit of Women Spirit of Women is a movement of women, hospitals, and healthcare providers across the country that focuses on treating women to great experiences and easy-to-use health news as gateways to good health Spirit of Women believes that good times create good health St Joseph Regional Health Center is the exclusive Spirit of Women hospital in the Brazos Valley and is committed to celebrating and caring for women's health in mind, body, and spirit The program offers free assistance with health information, free lectures on cutting edge health topics and magazine and newsletters for up-to-the-minute women's health issues Community health improvement advocacy sponsored by GSJHC - Keeping New Year's Resolutions and Get Moving Grimes City - Community Ed Seminar, lives touched 23 - Director, Support & Community Services presented at Navasota VFW meeting Reducing your risk of Cancer, lives touched 42 - Director, Support & Community Services attended Brazos Valley Health Partnership (BVHP) meeting as Treasurer of the organization The mission of the BVHP is to support the health resource commissions and their communities in improving health and well-being Through centralized representation, the BVHP will develop collective strategies that, implemented locally, will leverage and cultivate resources to improve access to services in the Brazos Valley The eight member BVHP Board of Directors is currently focused on developing a grants management infrastructure to support local projects, continuing to develop the volunteer-based county transportation programs, extending mental health services in rural communities, and conducting the 2010 Brazos Health Assessment - Co-sponsored presentation by Save our Streets ministry to talk to community members regarding the problem of gangs and drugs moving into Grimes County, lives touched 104 - Senior Day at Grimes County Fair - had booth w/Health information There were 5 GSJHC employees donating their time Performed 52 AccuChecks and 39 Lipid Panels and/or PSA screenings at no cost, lives touched 52 - Hurricane Preparedness at various rural locations, lives touched 139 - Participant in American Red Cross Health and Safety Day Free BP checks and glucose screenings, lives touched 48 - Texas Agri-Live Extension all day event to check child safety seats in automobiles Checked 104 safety seats and gave away 99 seats - Flu vaccine clinic 59 free vaccines given - Put your Health First Health Fair - Over 20 vendors had informational booths and offered free health screenings including BMI, BP, pulse oxymetry, lipid panels, glucose screening and physical therapy demonstrations 72 seasonal flu vaccines given - Elwood Health Fair - performed lipid profiles, glucose testing, BP checks on all interested Elwood employees, lives touched 58 Community Support St Joseph Regional Health Center is active in providing stimulating clinical environments for the student that maximize utilization of community resources, develops excellence in education and promotes quality patient care now and in the future by providing quality learning for various clinical arenas throughout the hospital These arrangements are called Affiliation Agreements The following is a list of institutions and disciplines in which SJRHC has partnered in the student's learning experience - Texas A&M University System Health Science Center - Pharmacy - Ohio State University - Physical Therapy - Texas State University - Social Services - Blinn College - Surgery Tech - Blinn College - Allied Health Programs - Texas A&M University System Health Science Center - Nursing - Texas A&M University System Health Science Center - Rehab - Abilene Christian University - Rehab - Prairie View A&M University - Social Services - Angelo State University - Physical Therapy - Texas Woman's University - Nursing - McLennan Community College - Physical Therapy - University of Evansville - Physical Therapy - Hardin-Simmons University - Physical Therapy - University of Texas Southwestern Medical Center at Dallas - Physical Therapy - Texas A&M University System Health Science Center - Nutrition Services - Sam Houston State University - Nutrition Services - Baylor University - Physical Therapy - Texas Women's University - Physical Therapy

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)

Schedule H, Part VI, line 6-Other Subsidized Health Services Programs St Joseph - Emergency Medical Services (SJ-EMS) SJ-EMS, the oldest private pre-hospital emergency medical service in the Brazos county, celebrated its tenth anniversary on March 1, 2008 SJ-EMS was created as a component of St Joseph Regional Health Center SJ-EMS operates a fleet of nine ambulances, staffed by Emergency Medical Technicians and Paramedics who respond to almost 14,000 service requests each year SJ-EMS is a network of ambulance services that includes the Bryan-College Station area as well as Burleson, Grimes and Madison Counties Collectively, the goal of SJ-EMS is to offer compassionate, caring transport and service delivery to everyone In Bryan-College Station, SJ-EMS provides non-emergency medical response, critical ground ambulance transportation, and back-up to the Bryan and College Station Fire Departments, which are the primary 911 emergency medical responders in Brazos County In Burleson and Grimes Counties, St Joseph holds the 911 emergency response contracts SJ-EMS currently serves 12 municipalities with advanced life support care from five stations with units in Bedias, Navasota, Somerville, Caldwell, Stoneham, and one in Bryan/College Station Serving as a gateway for surrounding facilities with 150,000 square mile service area, in 2009, SJ-EMS responded to a total of 13315 - 911 calls and non-emergency calls These calls included services to rural residents Three SJ-EMS ambulances are housed in Grimes County One location of these locations is the rural community of Stoneham This location was chosen after research of population growth by the EMS Director, Task Force and 911 Coordinator, with a goal of reducing ambulance response time Not only is rapid response critical with trauma patients, but early recognition and treatment for Health Attack and Stroke are essential to saving lives Defibrillation is most beneficial when performed as soon as possible after sudden cardiac arrest Having SJ-EMS in this rural location helps fulfill such a need in rural Grimes County Certified Chest Pain Center and Level II Stroke Facility SJRHC, the first hospital in the region to become a Certified Chest Pain Center, also received a five-star rating for Coronary Interventional Procedures, one of the most common procedures done to help improve blood flow to the heart An important part of good cardiac outcomes, especially for heart attack patients, is rapid diagnosis and intervention Currently SJRHC is able to clinically intervene in 94% of heart attack patients within 90 minutes of arrival to the Emergency Room That level of performance has been shown to save lives and requires tremendous teamwork and dedication The Department of State Health Services has designated SJRHC as a state of Texas Primary (Level II) Stroke Facility - the first such designation in the region "This designation represents the commitment that SJRHC has towards treating patients with stroke in our community The Stroke Center is comprised of a large team of medical specialists that are able to provide around-the-clock care for patients suffering from a stroke In order to receive a Level II Stroke Facility designation, a hospital must be able to provide stroke treatment 24 hours a day, 7 days a week and meet all the requirements set forth by the Department of State Health Services Patients that present to Primary Stroke Centers for their care have improved outcomes as compared to patients that do not, underscoring, the need and importance of this facility in the area The designation of Primary Stroke Facility is new among hospitals in Texas There are only 21 such facilities in the state and SJRHC is currently the only designated facility in its region The Brazos Valley is in Region 7, as defined by the Department of State Health Services, which includes 30 counties surrounding the regional headquarters in Temple This state designation is a reflection of incredible teamwork We owe a lot to EMS programs and other first responders across the region who have worked with us to help recognize signs of stroke and get patients to the facility immediately Once patients arrive at SJRHC we have various treatment options - from clot-busting medications to a bi-plane imaging lab that allows for less-invasive treatment for strokes and aneurysms SJRHC is the only facility that is both a Level II state certified facility and Is accredited by the Joint Commission as a Certified primary Stroke Center Behavioral Health Unit St Joseph Regional Health Center provides a 10-bed inpatient Behavioral Health Unit (BHU), which is located within the Grimes St Joseph Health Center in Navasota, Texas The St Joseph BHU is the only provider of inpatient behavioral health services in the seven-county region that make up the Brazos Valley Council of Governments The unit is designated for short-stay (less than 14 days) care and treatment for adults age 18 or older who require 24-hour nursing care in a secure, therapeutic environment The inpatient unit is under the direction of a Board certified Psychiatrist and provides a structured treatment environment offering psychotherapy, group therapy, recreational therapy, mental health education, psychiatric case management, medication management, nursing care and medical management The service has been in operation since 1998, and is managed by Psychiatric Solutions, Inc Rural Health Clinics St Joseph's is committed to rural health and meeting the needs of rural communities The rural clinics are set up in furtherance of our mission to provide excellent health care and to promote wellness throughout the Brazos Valley In total, the 9 rural health clinics had 59,661 patient visits attended to by 9 providers and 9 mid-level providers Burleson County St Joseph Somerville Family Medicine Clinic provides health and wellness services to adults and children The clinic offers routine medical care, routine and comprehensive physicals, blood draws, blood pressure checks, Texas Health Step exams and immunizations, WIC, x-rays and well woman exams St Joseph Caldwell Family Medicine Clinic is a family medicine clinic providing health and wellness services to adults and children The clinic offers a full range of primary care, including minor emergencies and office surgery, general family medicine, comprehensive and routine physicals, well woman exams, immunizations, allergy injections, minor suturing, lab services, diagnosis and treatment of acute illness Specialists visit on a bi-weekly basis Lee County St Joseph Lexington Family Medicine Clinic is a family medicine clinic providing health and wellness services to adults and children The clinic's full range of primary care services includes patient education, suturing, treatment of eye and ear problems, comprehensive and routine physicals, well woman exams, immunizations, allergy injections, initial management of patients and social services They also offer lab testing, minor surgical procedures, chronic medical conditioning, radiology and ADD testing Leon County St Joseph Powell Memorial Family Health Center is staffed with a full-time physician assistant The clinic offers variety of primary care services including general family medical services, care for minor injuries and Texas Health Step Exam The clinic also offers blood draws, EKG, routine and comprehensive physicals, preventative health exams, well woman exams, management of acute illnesses, ADD/ADHD and care for acute minor injuries Madison County St Joseph Normangee Family Health Center is staffed with a full-time physician and physician assistant The clinic offers variety of primary care services including general family medical services, care for minor injuries and Texas Health Step Exam The clinic also offers blood draws, routine and comprehensive physicals, preventative health exams, well woman exams, management of high blood pressure, cholesterol, diabetes, ADD/ADHD and care for acute minor illness and injuries St Joseph J B Heath Family Health Center offers a full range of primary care services including routine and comprehensive physicals, immunizations, patient education, pre-natal care, post-partum care and well woman exams The clinic also offers diagnosis, treatment and follow-up care of acute and chronic disease processes which are common to a primary medical within the skill range normally associated with family physicians, as well as minor illnesses and minor injuries Montgomery County The St Joseph-Montgomery Family Medicine Clinic is a newly open medical clinic located in historic downtown Montgomery, Texas Services provided includes Primary Health Care, Physicals, Pap Smears, Texas Health Steps, Immunizations, Minor Emergencies, Patient Education, onsite Laboratory, onsite X-Rays Robertson County St Joseph Franklin Family Medicine Clinic is a family medicine clinic providing health and wellness s

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

Schedule H, Part VI, line 7 St Joseph Regional Health Center is the anchor facility for St Joseph Health System, a health ministry of the Sisters of St Francis of Sylvania, Ohio Established in 1936, SJRHC is a 310-bed health care center offering the community's Lead Level III Trauma Center, an extensive inpatient and outpatient surgery program, and is known throughout the region for its cardiac, cancer and rehabilitation programs The other facilities in the St Joseph Health System are as follows Burleson St Joseph Health Center (BSJHC) is a 25-bed critical access hospital in Caldwell, Texas offering a Level IV Trauma Center, inpatient and outpatient services The hospital was established by Burleson County and has been an integral part of the community since its inception It joined the St Joseph Health System in 1995 St Joseph has a long-term lease to manage and operate Burleson St Joseph Health Center, which is owned by the Burleson County Hospital District and provide service to an underserved rural community Grimes St Joseph Health Center (GSJHC) is a 25- bed critical access hospital in Navasota, Texas offering a Level IV Trauma Center, inpatient, outpatient and day surgery services The hospital was established by Grimes County and has been an integral part of the community since its inception In 1996 it became part of St Joseph Regional Health Center St Joseph has a long-term lease to manage and operate GSJHC, which is owned by Grimes County Madison St Joseph Health Center (MSJHC) is a 25- bed critical access hospital in Madisonville, Texas offering a Level IV Trauma Center, inpatient and outpatient services The hospital was established by Madison County and has been an integral part of the community since its inception It joined the St Joseph Health System in 1995 St Joseph owns and operates MSJHC, which serves Madison and the surrounding counties All three Critical Access Hospitals provide comprehensive care in a general acute care hospital setting, offering inpatient as well as outpatient services in emergency care, therapy and athletic injuries and more They offer imaging services during normal business hours and in some cases after hours and on weekends All three facilities are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) St Joseph Health System operates nine rural health clinics in many areas of the Brazos Valley including the communities of Caldwell, Somerville, Lexington, Hearne, Franklin, Normangee, Montgomery, Centerville and Madisonville All nine clinics offer general family medical services for people of all ages, including physicals, blood draws, X-rays and care for minor injuries Active families have their fair share of bruises and bumps, injuries and illnesses When there are urgent medical needs, but circumstances do not allow for a family doctor visit, St Joseph Express is available Some of the benefits of Express are no appointments necessary, lab and X-ray on site, staffed by St Joseph Physician Associates doctors, and most insurances are accepted St Joseph Rehabilitation Center (SJRC) is located near the Blinn Campus on Joseph Drive in Bryan The Center opened in November of 1997 and is the only free-standing CARF accredited Inpatient Rehabilitation Center in the Brazos Valley and surrounding communities Inpatient rehabilitation is a specialized service that offers patients recovering from illness or injury in intense interdisciplinary process comprised of a team of clinicians to promote independence, quality of life and return to a safe and fulfilling lifestyle in the home setting In simple terms, inpatient rehabilitation is designed to help return the patient home at their highest level of independence In addition to treating the patient SJRC also has a strong focus on family involvement and education to facilitate the return home St Joseph Manor (SJM) offers assisted living for the unsteady elderly, dementia care for those with Alzheimer's disease, and skilled and/or intermediate nursing care for those needing complete care SJM understands that making the decision about the care of family and loved ones is a difficult thing to do In addition to the outstanding facilities and programs offered at SJM our staff lives our values every day Their commitment to reverence, service, and stewardship guide their decisions and the relationships they have with SJM residents and their families A brief summary of how SJRHC and the above facilities provided community benefits to the residents of the Brazos Valley during 2009 follows Surrounded by hundreds of square miles of agricultural countryside, the Brazos Valley is primarily a rural region with a central population hub located in the twin cities of Bryan and College Station, Texas Combine the fact that one in four Brazos Valley residents do not have health insurance with the logistical challenges of providing healthcare to rural populations and there is a wealth of opportunities for St Joseph Health System (SJHS) to provide community benefit to thousands of households across the region In 2009, SJHS saw a dramatic increase in the amount of uncompensated care (both charity care and bad debt) it provided to Brazos Valley residents The system budgeted over $26 million in uncompensated care costs and ended the year providing $29 4 million, exceeding budgeted costs by almost $3 3 million, or 13 5% In the past five years SJHS uncompensated care costs have gone from $19 million to $29 4 million annually, an increase of 54 percent For more than 74 years SJHS has focused on building community relationships and providing health services as well as encouraging education and awareness that will help residents improve their health status SJHS has created dozens of formal and informal associations among groups, organizations and institutions that deliver and coordinate healthcare As one of the founders of the Brazos Valley Health Partnership, SJHS works to provide space and logistical support for these health partnerships Through its rural hospitals and clinics, families are provided with resources on health, housing, employment and social services in three regional locations Thousands of individuals have limited access to transportation can access most of the available resources at one of these one-stop partnership locations In 2009, the Partnership served more than 8, 970 people SJHS also provides funding and resource support for several free or low-cost clinics, such as Health For All and the Prenatal Clinic, which helps residents to be less reliant on Emergency Room services Most SJHS facilities provide practical training for nursing and allied health students from local high schools, Blinn College and Texas A&M University Health education is supported through stewardship efforts In 2009, Burleson St Joseph Health Center donated ten "retired" hospital beds to the local high school science and technology program that trains students for health careers In fulfilling its mission to "promote wellness to the Brazos Valley," SJHS provides more community health education and awareness opportunities than any other provider in the region by offering dozens of health programs, seminars and screenings to residents each year In September 2009, more than 400 local residents attended an evening of free lectures and breakout sessions on Alzheimer's disease sponsored by St Joseph as a part of the annual Texas Brain and Spine Institute Symposium Additionally, more than 800 residents attend St Joseph Spirit of Women education events, ranging from a new Year, New You wellness program to the annual Day of Dance for Heart Health event at the local shopping mall Also in 2009, the St Joseph Gold Medallion Club attracted more than 1,400 participants at its monthly lunch and learn programs for people fifty and over that helped educate them about health topics such as hypertension and diabetes Together with education comes awareness, which often means some form of screening programs for the public St Joseph Healthy Communities has conducted an annual HeartScore screening (blood Cholesterol, glucose, blood pressure) for more than ten years, and in 2009, screened 411 community members, many of them in rural health clinics For the past 3 years, SJHS has offered residents a free online screening program for heart disease through its web site line, www sjprevention com In 2009, the screening, which was completed by 1,274 was expanded to include a screening for vascular disease and stroke Efforts to improve the health of the community residents are also evident in the actions of team members across the region From the SJRHC chef who conducts free culinary classes for the community to the laboratory coordinator who volunteers her time to get people in shape to run marathons, SJHS team members have a remarkable dedication to the community Although most of the volunteer activities occu

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Burleson St Joseph Manor 2801 Franciscan Drive Bryan, TX 77802	742759890	501(c)(3)	27,531				General support
St Joseph Foundation2801 Franciscan Drive Bryan, TX 77802	742351158	501(c)(3)	792,500				GENERAL SUPPORT

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

3 Enter total number of other organizations . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	St Joseph Regional Health System has a centralized grant system in place to help ensure that grants are (1) appropriately prepared and reviewed by management for completeness and accuracy, (2) Monitored for appropriate distribution to the applicant / recipient hospital cost center (recipient), and (3) Monitored for appropriate distribution of funds by the applicant (recipient)

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information		Jack Buckley and Paula Zalucki both received severance packages Effective 12/31/2008, Mr Buckley ceased to be President and CEO of St Joseph Regional Health Center (SJRHC) but continued to remain an employee for purposes of using his accrued but unused Paid Time Off hours totaling 640 hours as of 12/31/2008 SJRHC agreed to provide the severance benefits in accordance with the Program with severance pay period to commence on 4/24/2009 and run for 18 months thereafter

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANTHONY D PFITZER	(I)	364,717	0	4,445	20,796	10,985	400,943	0
	(II)	0	0	0	0	0	0	0
LISA R MCNAIR	(I)	262,173	0	0	19,772	9,056	291,001	0
	(II)	0	0	0	0	0	0	0
GARY MARK MONTGOMERY MD	(I)	302,101	0	2,162	17,150	9,953	331,366	0
	(II)	0	0	0	0	0	0	0
JOHN A PHILLIPS	(I)	180,800	0	0	12,950	9,905	203,655	0
	(II)	0	0	0	0	0	0	0
DORIS REDMAN	(I)	172,224	0	10,674	13,816	9,905	206,619	0
	(II)	0	0	0	0	0	0	0
MICHAEL G COSTA	(I)	174,502	0	6,876	14,009	8,672	204,059	0
	(II)	0	0	0	0	0	0	0
JONATHAN R TURTON	(I)	167,648	1,000	2,698	13,436	3,404	188,186	0
	(II)	0	0	0	0	0	0	0
DON KIRK CRISTY	(I)	164,403	0	0	11,550	10,985	186,938	0
	(II)	0	0	0	0	0	0	0
STEVEN J CRICHTON	(I)	155,280	0	0	12,503	3,607	171,390	0
	(II)	0	0	0	0	0	0	0
ALAN J HURLEY	(I)	192,951	0	0	13,650	9,905	216,506	0
	(II)	0	0	0	0	0	0	0
CHARLES HALL	(I)	149,431	297	0	10,514	10,985	171,227	0
	(II)	0	0	0	0	0	0	0
JERRY W TAYLOR	(I)	142,911	0	6,323	11,561	10,985	171,780	0
	(II)	0	0	0	0	0	0	0
TAE-MOK HWANG-LEMOS	(I)	145,681	0	0	12,304	10,985	168,970	0
	(II)	0	0	0	0	0	0	0
JOSEPH A HLAVIN	(I)	146,244	0	0	11,998	10,985	169,227	0
	(II)	0	0	0	0	0	0	0
ALEN C CHANG	(I)	140,275	0	660	11,234	8,672	160,841	0
	(II)	0	0	0	0	0	0	0
JOHN J BUCKLEY	(I)	0	0	360,419	6,104	3,439	369,962	114,170
	(II)	0	0	0	0	0	0	0
PAULA ZALUCKI	(I)	43,080	0	106,361	0	786	150,227	0
	(II)	0	0	0	0	0	0	0
REED EDMUNDSON	(I)	167,648	0	18,785	13,631	9,905	209,969	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Brazos County Health FAcilities Development Corp	76-0082643	105911BV2	06-18-2008	30,000,000	REFUND 2007 BONDS/CONSTR /RENOV		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	30,000,000				
2	Gross proceeds in reserve funds	0				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	586,513				
6	Working capital expenditures from proceeds	0				
7	Capital expenditures from proceeds	0				
8	Year of substantial completion	2009				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X								

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
Supplemental Information		Form 990, Part III, Line 2 Opened freestanding ER, Imaging & Diagnostic Center St Joseph Emergency Center opened it's doors in November 2009 This 15,000 square foot facility features a freestanding 24/7 Emergency Center and a Diagnostic Center to support emergency needs The Center features a helipad and ambulance bay and will care for patients with a variety of illnesses and problems which pose an immediate risk to health and or life This location is staffed entirely with board certified and board eligible Emergency Medicine physicians only and does not use mid-level providers to care for emergency center patients Patients needing surgery or inpatient care will be transferred via ambulance to St Joseph Regional Health Center (at no additional cost to the patient) or to the most appropriate facility to continue their treatment Adjacent to the Emergency Center is the St Joseph Diagnostic Center - College Station for patients in need of a variety of laboratory and imaging diagnostic tests The diagnostic center features a full service laboratory for rapid services, while diagnostic imaging services include MRI, CT, X-ray, sonography and digital mammography FORM 990, PART VI, QUESTION 6 Description of Classes of Members or Stockholders Bylaws Section 1 Membership The membership of the Corporation shall consist of one (1) class and the only member of the Corporation shall be St Joseph Services Corporation, d/b/a St Joseph Health System, a Texas nonprofit corporation (hereinafter referred to as "St Joseph Health System" or "SJHS" or the "Member") FORM 990, PART VI, QUESTION 7a & 7b Description of Classes of Persons and the Nature of Their Rights Bylaws Section 2 Reserved Power Exercisable by Member Alone In addition to, and not in limitation of, the powers reserved to members of nonprofit corporations by law and pursuant to the Articles of Incorporation and other provisions of these Bylaws, action by St Joseph Health System in its capacity as sole Member of the Corporation (and subject to approval by the member of SJHS, Franciscan Services Corporation ("FSC") when required by its Articles of Incorporation or Bylaws) shall be required and shall be sufficient a) to adopt or change the philosophy, objectives, purposes, or ethical or religious standards of the Corporation and of organizations controlled by the Corporation, b) to appoint the Governance Council Members and to remove them at will, with or without cause, as provided in Article IV, Section 2 and 4 of these Bylaws, c) to appoint and remove the CEO as provided in Article VI, Section 6 of these Bylaws, d) to amend or repeal the Articles of Incorporation, e) to amend or repeal the Bylaws of the Corporation as provided in Article XIV of these Bylaws, f) to dissolve or terminate the existence of the Corporation and to determine the distribution of assets upon such dissolution or termination in accordance with the Articles of Incorporation, and g) to take any action necessary to conform the purposes and activities of the Corporation with the traditions, teachings and Canon Law of the Roman Catholic Church as may be in effect from time to time FORM 990, PART VI, QUESTION 11 PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW FORM 990 2009 Form 990 and accompanying schedules were made available to all trustees either electronically or by hard copy, depending upon the trustee's preference, before the company finalized and sent the documents to IRS This draft was also available at the Administrative Offices of the reporting entity for trustee's review before the final 2009 Form 990 and accompanying schedules were finalized and sent to IRS The review was under the direction of the CFO and/or tax return preparers, Ernst & Young, if requested by trustees Form 990, Part VI, Question 12c Process to Monitor Transactions for Conflicts of Interest In accordance with St Joseph Health System policy No 38, "Conflict of Interest," Section 6 Disclosure Statement " A Conflict of Interest Statement shall be executed by all Designated Persons, which will be retained by the Corporation in its administrative office This Statement shall be renewed at least annually at the request of the Corporation and at any time that a Conflict of Interest may arise " To help ensure that Disclosure Statements are completed annually by all Board of Trustee members, the CEO's office summarizes all conflicts of interest disclosed by each entity's trustees In 2009, the summary was presented as an agenda item at each entitys Board of Trustees meeting held in April, 2009 The review is performed by the office of the CEO where Disclosure Statements are also filed for trustees Other designated persons' disclosure statements are filed in individual personnel files if employed by SJRHC Form 990, Part VI, Questions 15a & b Offices & Positions for Which Process Was Used & Year Process was Begun IN 2009, THERE WERE NO COMPENSATION ADJUSTMENTS/INCREASES FOR EXECUTIVES DUE TO ECONOMIC CONDITIONS AS A RESULT, THE DECISION WAS MADE TO NOT WASTE RESOURCES ON CONDUCTING AN INDEPENDENT REVIEW, SINCE SUCH A REVIEW WOULD NOT HAVE PRODUCED DIFFERENT RESULTS THAN THE REVIEW THAT WAS CONDUCTED IN 2008 Form 990, Part VI, Question 19 Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmts to Gen Public Not made available to public Schedule K, Part II, Line 5 Includes $48,190 of Credit Enhancement fees Schedule K, Part III, Line 7 We engaged arbitrage specialist to determine compliance with the arbitrage requirements detailed in the IRS code The CFO reviews bond covenants and periodically reviews bond accountss with Accounting personnel We are working to include these procedures in to a formal document

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
ST LEONARD CTR LIM PTSHIP 88 E BROAD ST COLUMBUS, OH43215 31-1481761	LOW INCOME RENTAL	OH	NA	investment				No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
TAU ENTERPRISES 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2544009	OFFICE RENTALS	TX	NA	CORPORATION			
ALLIANCE HEALTH PROV OF BRAZOS VALLey 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2466914	PHYS HOSP ORG	TX	NA	CORPORATION			
ST JOSEPH PHYSICIAN ALLIANCE 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2764039	COORD INSURANCE	TX	NA	CORPORATION			
TRINITY MANAGEMENTS SERVICES ORG 380 SUMMIT AVE STEUBENVILLE, OH43952 34-1471026	MANAGEMENT SVCS	OH	THS	CORPORATION			
ST LEONARD CENTER 1 INC 8100 CLYO RD CENTERVILLE, OH45458 31-1481764	LOW INCOME RENTAL	OH	NA	CORPORATION			

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

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

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

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

	(a) Name of other organization	(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2455161	GOVERNANCE	TX	501(c)(3)	11-TYPE I	NA
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2759890	HEALTH CARE	TX	501(c)(3)	3	NA
MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2761145	HEALTH CARE	TX	501(c)(3)	3	NA
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2847594	NURSING CARE	TX	501(c)(3)	9	NA
BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2913931	NURSING CARE	TX	501(c)(3)	9	NA
ST JOSEPH FOUNDATION 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2351158	FUND RAISING	TX	501(c)(3)	11-TYPE I	NA
ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX77802 20-3159302	PHYS PRACTICE	TX	501(c)(3)	3	NA
FRANCISCAN SERVICES CORP 6832 CONVENT BLVD SYLVANIA, OH43560 34-1412964	CHURCH ORG	OH	501(c)(3)	1	NA
TRINITY HEALTH SERVICES CORP 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2605157	HOLDING COMP	TX	501(c)(3)	11-TYPE I	FSC
TRINITY COMMUNITY MEDICAL CENTER 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2519752	HOSPITAL	TX	501(c)(3)	3	THSC
TRINITY CARE CENTER 400 E SAYLES BRENHAM, TX77833 74-2663229	LT CARE FCLT	TX	501(c)(3)	9	NA
TRINITY HEALTH SERVICES FOUNDATION 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2460815	FUND RAISING	TX	501(c)(3)	7	THSC
TRINITY HEALTH SYSTEM 380 SUMMIT AVE STEUBENVILLE, OH43952 34-1818681	SUPPORT/MGNT	OH	501(c)(3)	11-TYPE I	NA
TRINITY HOSPITAL HOLDING COMPANY 380 SUMMIT AVE STEUBENVILLE, OH43952 34-1842025	HOSPITAL	OH	501(c)(3)	3	THS
TRINITY MEDICAL CENTER EAST 380 SUMMIT AVE STEUBENVILLE, OH43952 34-0714474	HOSPITAL	OH	501(c)(3)	3	THS
TRINITY MEDICAL CENTER WEST 4000 JOHNSON RD STEUBENVILLE, OH43952 34-0875691	HOSPITAL	OH	501(c)(3)	3	THS
TRINITY HEALTH SYSTEM FOUNDATION 380 SUMMIT AVE STEUBENVILLE, OH43952 31-1329423	FUND RAISING	OH	501(c)(3)	11-TYPE I	THS
BETHANY 6832 CONVENT BLVD SYLVANIA, OH43560 34-1612437	D V SHELTER	OH	501(c)(3)	1	NA
SOPHIA CENTER 6832 CONVENT BLVD SYLVANIA, OH43560 34-1761656	MENTAL HLTH	OH	501(c)(3)	9	NA
SISTERS OF ST FRANCIS 6832 CONVENT BLVD SYLVANIA, OH43560 34-4450609	RELIGIOUS	OH	501(c)(3)	RELIGIOUS	NA
FRANCISCAN SERVICES CORP SELF INSURANCE 6832 CONVENT BLVD SYLVANIA, OH43560 34-6895492	SELF INSUR	OH	501(c)(3)	11-TYPE II	NA
FRANCISCAN LIVING COMMUNITIES 6832 CONVENT BLVD SYLVANIA, OH43560 34-1892096	MGT SUPPORT	OH	501(c)(3)	11-TYPE I	NA
ST LEONARD 8100 CLYO RD CENTERVILLE, OH45458 34-1940863	LT CARE FCLT	OH	501(c)(3)	9	NA
ST LEONARD FOUNDATION 8100 CLYO RD CENTERVILLE, OH45458 32-0102715	FUND RAISING	OH	501(c)(3)	7	NA
PROVIDENCE CARE CENTER 2025 HAYES AVE SANDUSKY, OH44870 34-1658625	LT CARE FCLT	OH	501(c)(3)	9	NA
THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DR SANDUSKY, OH44870 34-1826097	ASSISTED LIV	OH	501(c)(3)	9	NA
PROVIDENCE RESIDENTIAL COMM CORP 5055 PROVIDENCE DR SANDUSKY, OH44870 34-1896807	INDEPNDT LIV	OH	501(c)(3)	9	NA
THE PROVIDENCE FUND 2023 HAYES AVE SANDUSKY, OH44870 34-1500601	FIN SUPPORT	OH	501(c)(3)	7	NA
MADONNA MANOR 2344 AMSTERDAM RD VILLA HILLS, KY41017 61-0654635	LT CARE FCLT	KY	501(c)(3)	9	NA
FRANCISCAN CARE CENTER SYLVANIA 4111 HOLLAND SYLVANIA RD TOLEDO, OH43623 34-1931806	LT CARE FCLT	OH	501(c)(3)	9	NA

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
ST CLARE COMMONS 6832 CONVENT BLVD SYLVANIA, OH43560 27-0163752	LT CARE FCLT	OH	501(c)(3)	9	NA
ROSARY CARE CENTER 6832 CONVENT BLVD SYLVANIA, OH43560 34-1931795	LT CARE FCLT	OH	501(c)(3)	9	NA
FRANCISCAN PROPERTIES INC 6832 CONVENT BLVD SYLVANIA, OH43560 34-1412966	SR HOUSING	OH	501(c)(3)	9	NA

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	TAU ENTERPRISES	a	52,167
(2)	ST JOSEPH FOUNDATION	c	822,407
(3)	ST JOSEPH PHYSICIAN ASSOCIATES	r	1,360,000
(4)	ST JOSEPH FOUNDATION	Q	461,579
(5)	ALLIANCE HEALTH PROVIDERS INC	L	196,869
(6)	ALLIANCE HEALTH PROVIDERS INC	L	59,245
(7)	ST JOSEPH PHYSICIAN ASSOCIATES	N	2,851,396
(8)	ST JOSEPH PHYSICIAN ASSOCIATES	J	86,888
(9)	TAU ENTERPRISES	R	26,171
(10)	TAU ENTERPRISES	J	58,938
(11)	TAU ENTERPRISES	J	216,541
(12)	ST JOSEPH FOUNDATION	B	792,500
(13)	BURLESON ST JOSEPH HEALTH CENTER	Q	457,105
(14)	BURLESON ST JOSEPH HEALTH CENTER	R	66,288
(15)	MADISON ST JOSEPH HEALTH CENTER	R	80,097
(16)	ST JOSEPH MANOR	R	53,020