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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)

OMB No 1545-0047

## 2009

**Open to Public Inspection**

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

**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  
 MADISON ST JOSEPH HEALTH CENTER  
 FKA ST FRANCIS 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  
 74-2761145

**E** Telephone number  
 (979) 776-2464

**G** Gross receipts \$ 14,679,963

**F** Name and address of principal officer  
 ANTHONY PFITZER  
 2801 FRANCISCAN DR  
 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/MADISON/DEFAULT HTM

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1995

**M** State of legal domicile TX

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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 MISSION IS TO PROVIDE EXCELLENT health care and to promote wellness throughout the Brazos Valley		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	7
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	24
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	119,953	80,000
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,954,335	14,504,490
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,978	95,473
		14,128,266	14,679,963
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,365,849	5,899,413
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) $\rightarrow$ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,080,917	8,589,562
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,446,766	14,488,975	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	681,500	190,988	
<b>Net Assets or Fund Balances</b>		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	2,725,931	2,814,918
	<b>21</b> Total liabilities (Part X, line 26)	1,868,285	1,730,707
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	857,646	1,084,211	

**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 R McNair Sr V P /CFO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG US LLP  
 111 MONUMENT CIRCLE SUITE 2600  
 INDIANAPOLIS, IN 46204  
 Preparer's identifying number (see instructions) \_\_\_\_\_  
 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 MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY THE HOSPITAL'S PRIMARY MISSION IS TO PROVIDE HEALTH CARE SERVICES TO THE CITIZENS OF MADISON COUNTY, TEXAS, THROUGH ITS ACUTE CARE AND SPECIALTY CARE FACILITIES

**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 \$ 1,337,237 including grants of \$ ) (Revenue \$ 702,405 )  
MADISON ST JOSEPH HEALTH CENTER PROVIDED INPATIENT CARE TO 479 PATIENTS AND A TOTAL OF 2,986 DAYS

**4b** (Code ) (Expenses \$ 1,561,131 including grants of \$ ) (Revenue \$ 3,212,907 )  
PROVIDED EMERGENCY CARE TO 9,167 PATIENTS

**4c** (Code ) (Expenses \$ 815,660 including grants of \$ ) (Revenue \$ 4,516,281 )  
PROVIDED 72,902 LAB PROCEDURES FOR INPATIENTS, OUTPATIENTS, AND EMERGENCY DEPARTMENT PATIENTS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 7,032,490 including grants of \$ ) (Revenue \$ 6,072,897 )

**4e** Total program service expenses \$ 10,746,518

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I.</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	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 ? <i>If "Yes," complete Schedule F, Part II.</i>		No
<b>16</b>	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 ? <i>If "Yes," complete Schedule F, Part III.</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	Yes	

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

<p><b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i></p>	<p><b>21</b></p>	<p></p>	<p>No</p>
<p><b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i></p>	<p><b>22</b></p>	<p></p>	<p>No</p>
<p><b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i></p>	<p><b>23</b></p>	<p>Yes</p>	<p></p>
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 . . . . .</i></p>	<p><b>24a</b></p>	<p></p>	<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	<p></p>	<p></p>
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>	<p></p>	<p></p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	<p></p>	<p></p>
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i></p>	<p><b>25a</b></p>	<p></p>	<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i></p>	<p><b>25b</b></p>	<p></p>	<p>No</p>
<p><b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i></p>	<p><b>26</b></p>	<p></p>	<p>No</p>
<p><b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i></p>	<p><b>27</b></p>	<p></p>	<p>No</p>
<p><b>28</b> 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)</p>	<p></p>	<p></p>	<p></p>
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28a</b></p>	<p></p>	<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28b</b></p>	<p></p>	<p>No</p>
<p><b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i></p>	<p><b>28c</b></p>	<p></p>	<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>29</b></p>	<p></p>	<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i></p>	<p><b>30</b></p>	<p></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i></p>	<p><b>31</b></p>	<p></p>	<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i></p>	<p><b>32</b></p>	<p></p>	<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i></p>	<p><b>33</b></p>	<p></p>	<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i></p>	<p><b>34</b></p>	<p>Yes</p>	<p></p>
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>	<p><b>35</b></p>	<p>Yes</p>	<p></p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i></p>	<p><b>36</b></p>	<p></p>	<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i></p>	<p><b>37</b></p>	<p></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	<p></p>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> _____
<b>18</b>	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>▶</b> LISA MCNAIR 2801 FRANCISCAN DR 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			
REED EDMUNDSON VICE PRESIDENT RURAL HOSPITALS	20.0	X		X			0	186,433	23,536	
WILLIAM C BENNETT TRUSTEE	1.0	X					0	0	0	
DUANE STANDLEY TRUSTEE	1.0	X					0	0	0	
DAVE WARD TRUSTEE	1.0	X					0	0	0	
FR MICHAEL BARONE TRUSTEE	1.0	X					0	0	0	
DEBRA DRAKE TRUSTEE	1.0	X					0	0	0	
GROVER HUBLEY MD TRUSTEE	1.0	X					0	0	0	
CECIL NEELY TRUSTEE	1.0	X					0	0	0	
SR ALICE WARRICK OSF FACHE TRUSTEE	1.0	X					0	128,385	13,111	
ANTHONY PFITZER TRUSTEE	1.0	X					0	369,162	31,781	
WILLIAM C BENNETT CHAIRPERSON	1.0			X			0	0	0	
DUANE STANDLEY VICE CHAIRPERSON	1.0			X			0	0	0	
DEBRA DRAKE SECRETARY	1.0			X			0	0	0	

<b>1b Total</b>	0	683,980	68,428
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**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BRAZOS VALLEY EMERGENCY PHYSICIAN 6300 LA CALMA DR SUITE 200 AUSTIN, TX 78752	ER PHYSICIANS	599,886

**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 **1**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>	80,000				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	80,000				
<b>Program Service Revenue</b>	<b>2a</b>	LAB SERVICES	622,110	4,516,281	4,516,281		
	<b>b</b>	EMERGENCY DEPARTMENT SERVICES	622,110	3,212,907	3,212,907		
	<b>c</b>	IMAGING SERVICES	622,110	2,803,537	2,803,537		
	<b>d</b>	CARDIOPULMONARY SERVICES	622,110	1,199,046	1,199,046		
	<b>e</b>	INPATIENT REVENUE	622,110	702,405	702,405		
	<b>f</b>	All other program service revenue		2,070,314	2,070,314		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		14,504,490			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		0			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross Rents	(i) Real	60,315			
			(ii) Personal				
			Less rental expenses				
			<b>c</b> Rental income or (loss)	60,315			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . .		60,315		60,315	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			<b>c</b> Gain or (loss)				
<b>d</b>	<b>Net gain or (loss)</b> . . . . .		0				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> <b>Net income or (loss) from fundraising events</b> . . . . .		0			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> <b>Net income or (loss) from gaming activities</b> . . . . .		0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> <b>Net income or (loss) from sales of inventory</b> . . . . .		0			
Miscellaneous Revenue		Business Code					
<b>11a</b>	MEDICAL RECORD COPIES	900,099	10,871		10,871		
<b>b</b>	CAFETERIA SALES	900,099	8,434		8,434		
<b>c</b>	VENDING MACHINE SALES	900,099	3,884		3,884		
<b>d</b>	All other revenue . . . . .		11,969		11,969		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		35,158				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		14,679,963	14,504,490		95,473	

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	94,902		94,902	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	4,489,009	3,155,216	1,333,793	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	291,529		291,529	
<b>9</b>	Other employee benefits . . . . .	685,240	349	684,891	
<b>10</b>	Payroll taxes . . . . .	338,733	231,309	107,424	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	0			
<b>c</b>	Accounting . . . . .	60,165		60,165	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	0			
<b>f</b>	Investment management fees . . . . .	0			
<b>g</b>	Other . . . . .	927,858	870,198	57,660	
<b>12</b>	Advertising and promotion . . . . .	14,305		14,305	
<b>13</b>	Office expenses . . . . .	1,529,051	1,123,117	405,934	
<b>14</b>	Information technology . . . . .	11,259	3,877	7,382	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	153,807		153,807	
<b>17</b>	Travel . . . . .	18,432	11,726	6,706	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	0			
<b>20</b>	Interest . . . . .	2,987		2,987	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	211,963		211,963	
<b>23</b>	Insurance . . . . .	88,007	1,598	86,409	
<b>24</b>	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 )				
<b>a</b>	BAD DEBTS	5,349,128	5,349,128		
<b>b</b>	ASSESSMENTS	215,520		215,520	
<b>c</b>	LEASED EMPLOYEES	7,080		7,080	
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	14,488,975	10,746,518	3,742,457	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	425	<b>1</b>	17,752
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,725,910	<b>4</b>	1,506,571
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	135,706	<b>8</b>	148,805
	<b>9</b> Prepaid expenses and deferred charges . . . . .	36,044	<b>9</b>	49,369
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	3,162,145		
	<b>b</b> Less accumulated depreciation . . . . .	2,125,349	<b>10c</b>	1,036,796
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	53,769	<b>15</b>	55,625
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,725,931	<b>16</b>	2,814,918	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,075,986	<b>17</b>	452,944
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	792,299	<b>25</b>	1,277,763
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,868,285	<b>26</b>	1,730,707
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	803,877	<b>27</b>	1,028,586
	<b>28</b> Temporarily restricted net assets . . . . .	53,769	<b>28</b>	55,625
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	857,646	<b>33</b>	1,084,211	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,725,931	<b>34</b>	2,814,918	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	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 . . . .	Yes	
<b>2d</b>	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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</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 . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MADISON ST JOSEPH HEALTH CENTER  
FKA ST FRANCIS HEALTH CENTER

Employer identification number

74-2761145

**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?  
 (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?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

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

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

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

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

**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

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**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

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MADISON ST JOSEPH HEALTH CENTER FKA ST FRANCIS HEALTH CENTER

Employer identification number 74-2761145

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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?
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)?
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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**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
<b>1a</b> Land . . . . .		40,413		40,413
<b>b</b> Buildings . . . . .		990,903	515,148	475,755
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		2,042,419	1,559,017	483,402
<b>e</b> Other . . . . .		88,410	51,184	37,226
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,036,796



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	14,679,963
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	14,488,975
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	190,988
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	35,577
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	35,577
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	226,565

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	14,599,963
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,599,963
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	80,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	80,000
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	14,679,963

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	14,488,975
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,488,975
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	14,488,975

**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, 2	There are no material unrecorded tax liabilities as of December 31, 2009 or 2008
Reconciliation of Change in Net Assets	Schedule D, PART XI, LINE 8	NET ASSETS RELEASED FROM RESTRICTIONS - 33,721 CHANGE IN BENEFICIAL INTEREST IN NET ASSETS - 1,856
Reconciliation of Revenue per Audited Financial Statements	Schedule D, Part XII, Line 4b	GRANT PROCEEDS RECEIVED AND USED IN THE CURRENT YEAR - 80,000

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MADISON ST JOSEPH HEALTH CENTER FKA ST FRANCIS HEALTH CENTER

Employer identification number 74-2761145

Part I Charity Care and Certain Other Community Benefits at Cost

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			1,300		1,300	0.010 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			1,300		1,300	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
<b>1</b> Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense (at cost) . . . . .		1,412,705
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	5,457,539
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	5,404,844
<b>7</b> Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .	7	52,695
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Does the organization have a written debt collection policy? . . . . .	9a	Yes
<b>9b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	9b	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				

**Part V Facility Information**

Name and address

Other  
(Describe)

ER-other

ER-24 hours

Research facility

Critical access hospital

Teaching hospital

Children's hospital

General medical & surgical

Licensed hospital

X

X

X

MADISON ST JOSEPH HEALTH CENTER  
2801 FRANCISCAN Drive  
BRYAN, TX 77802

**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

No, not a formal document, however, in 2009 Madison St Joseph Health Center (MSJHC) reported Charity Care and Community Benefits Information via the 2009 Texas State Supplement The Texas State Supplement is a series of questions provided by the State of Texas for electronic submission to the Department of State Health Services, Center for Health Statistics

Madison St Joseph 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

Bad debt expenses of \$5,349,128 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 estimated 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 prepared by Ernst & Young Description of bad debt expense is as follows Based on historical collection data, bad debt is estimated on month end Accounts Receivable For AR balances for patients without insurance, we estimate that 93% of the balance is uncollectible For those patients who have insurance, we estimate that 50% of the co-insurance and deductibles is uncollectible

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, Madison St Joseph Health Center (MSJHC) assesses community health needs on an on-going basis Using information from needs assessments, MSJHC 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

- 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

Madison St Joseph Health Center's primary mission is to provide health care services to the citizens of Madison County, Texas, through its acute care and specialty care facilities

- 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

Lives touched in 2009 243 for blood drives, 274 through health fairs, 42 through education An example of education would be the "living with diabetes change your diet improve your life" - MSJHC dietician discussed the ways residents can change their diet and improve their quality of life with diabetes Another example of education was the "Don't let the fear of falling keep you from enjoying life " This free seminar presented tips to help folks stay safe from falls, learn safe lifting and stooping techniques, etc An example of health fair is the Annual Health First HealthFest co-hosted by MSJHC and the City of Madisonville The goal is to help the citizens of Madison County stay healthy and put their health first during flu season There were more than 30 booths with vendors from around the Brazos Valley all offering free screenings and free educational information Additionally flu shots were available to anyone over age 14

- 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.)

MSJHC provides rent and utilities for the Madison Health Resource Center (MHRC) The mission of MHRC is to improve access to care and the health status of Madison County residents through collaboration and coordination of services THE MHRC is a place where many different kinds of services are offered and many kinds of help can be found Some of the services and partners are Brazos Valley Community Action Agency - Energy Housing - provides energy assistance, weatherization, and affordable housing, Madison County Community Center - provides primary care to people with Medicare, Medicaid, and no insurance, Brazos Valley Council on Alcohol & Substance Abuse - substance abuse prevent, intervention, education, screening and referral services, Brazos Valley Area Agency on Aging - provides rides for health-related needs, Child Care Management Services - helps with child care expenses, County Indigent Health Care - financial assistance for physician visits and prescriptions, Lone Star Legal Aid - free civil legal assistance for low income individuals and families who have immediate needs and can't afford an attorney, Medication Assistance Program - provides assistance in obtaining prescriptions at a reduced cost-based on income, MHMR Early Childhood Intervention - Mental health services to children under 3 years old, Phoebe's Home - provides services for victims of domestic violence and their children, Project Unity - case management addressing family needs including health, medication assistance, employment, housing and child care, Ronny Baker, Audiologist - screening and care for hearing needs, Senior meals - provides nutritious lunch for eligible seniors over the age of 60 that are homebound, Sexual Assault Resource Center - provides support services for all victims of sexual assault, Texas Department of State Health Services - children with special health care needs, public health nursing, Texas health steps, Twin City Mission Youth and Family Services - provides counseling services to at-risk youth ages 0-17, United Way of the Brazos Valley - 2-1-1 - Dial 211 from your telephone for information and referral service

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

Schedule H, Part VI, line 7 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 The other facilities in the St Joseph Health System are as follows 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 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 provides service to an underserved rural population 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 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 MSJHC 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 all," 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 occur in the Bra

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

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MADISON ST JOSEPH HEALTH CENTER  
FKA ST FRANCIS HEALTH CENTER

**Employer identification number**

74-2761145

**Part I Questions Regarding Compensation**

Yes No

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- First-class or charter travel
  - Travel for companions
  - Tax idemnification and gross-up payments
  - Discretionary spending account
  - Housing allowance or residence for personal use
  - Payments for business use of personal residence
  - Health or social club dues or initiation fees
  - Personal services (e g , maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

**Only 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?

**b** Any related organization?

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?

**b** Any related organization?

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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				
REED EDMUNDSON	(i)	0	0	0	0	0	0	0
	(ii)	167,648	0	18,785	13,631	9,905	209,969	0
ANTHONY PFITZER	(i)	0	0	0	0	0	0	0
	(ii)	364,717	0	4,445	20,796	10,985	400,943	0

**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		ANY COMPENSATED OFFICERS LISTED ARE EMPLOYEES OF ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) AND ALL COMPENSATION INFORMATION IS REPORTED UNDER EIN 74-1282696. MADISON ST JOSEPH HEALTH CENTER (MSJHC) RELIES ON SJRHC WHICH USES (A) COMPENSATION COMMITTEE, (B) WRITTEN EMPLOYMENT CONTRACT, (C) INDEPENDENT COMPENSATION CONSULTANT, (D) COMPENSATION SURVEY OR STUDY, AND (E) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF TOP MANAGEMENT OFFICIALS. COMPENSATION FOR ALL EMPLOYEES IS PAID BY ST JOSEPH REGIONAL HEALTH CENTER AND ALL COMPENSATION INFORMATION IS REPORTED UNDER EIN 74-1282696.

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

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**  
MADISON ST JOSEPH HEALTH CENTER  
FKA ST FRANCIS HEALTH CENTER

**Employer identification number**  
74-2761145

Identifier	Return Reference	Explanation
Supplemental Information		DESCRIPTION OF OTHER PROGRAM SERVICES Form 990, Part III, Question 4D PROVIDE CARDIOPULMONARY SERVICES GENERATING \$1,199,046 IN REVENUE AT A COST OF \$354,830, PROVIDE IMAGING SERVICES GENERATING \$2,803,537 IN REVENUE AT A COST OF \$541,774, PROVIDE PHARMACEUTICAL SERVICES GENERATING \$1,136,540 IN REVENUE AT A COST OF \$364,758, PROVIDE PHYSICAL THERAPY SERVICES GENERATING \$497,142 IN REVENUE COSTING \$230,564, PROVIDE SUPPLIES TO PATIENTS GENERATING \$400,867 IN REVENUE AT A COST OF \$50,350, MISCELLANEOUS OTHER SERVICES GENERATING \$35,765 IN REVENUE COSTING \$141,086, BAD DEBT EXPENSE OF \$5,349,128 FORM 990, PART VI, QUESTION 6 Description of Classes of Members or Stockholders Bylaw s 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 Bylaw s Section 2 Reserved Pow er Exercisable by Member Alone In addition to, and not in limitation of, the pow ers reserved to members of nonprofit corporations by law and pursuant to the Articles of Incorporation and other provisions of these Bylaw s, 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") w hen required by its Articles of Incorporation or Bylaw s) 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 w ill, w ith or w ithout cause, as provided in Article IV, Section 2 and 4 of these Bylaw s, c) to appoint and remove the CEO as provided in Article VI, Section 6 of these Bylaw s, d) to amend or repeal the Articles of Incorporation, e) to amend or repeal the Bylaw s of the Corporation as provided in Article XIV of these Bylaw s, f) to dissolve or terminate the existence of the Corporation and to determine the distribution of assets upon such dissolution or termination in accordance w ith the Articles of Incorporation, and g) to take any action necessary to conform the purposes and activities of the Corporation w ith the traditions, teachings and Canon Law of the Roman Catholic Church as may be in effect from time to time
DESCRIPTION OF PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	Form 990, Part VI, Question 11	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
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	In accordance w ith 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, w hich w ill 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 w as presented as an agenda item at each entytys Board of Trustees meeting held in April, 2008 The review is performed by the office of the CEO w here Disclosure Statements are also filed for trustees Other designated persons' disclosure statements are filed in individual personnel files if employed by SJRHC
CEO, EXEC DIR, or TOP MGT OFFICIAL FOR WHICH THE PROCESS WAS USED	Form 990, Part VI, Question 15A	In 2009, there w ere no compensation adjustments/increases for executives due to economic conditions As a result, the decision w as made to not w aste resources on conducting an independent review for all executives, since such a review w ould not have produced different result than the independent review that w as conducted in 2008
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	NOT MADE AVAILABLE TO THE PUBLIC
Average Hours Devoted to Related Organization	Part VII, Section A	REED EDMUNDSON - 40 HOURS - ST JOSEPH REGIONAL HEALTH CENTER SR ALICE WARRICK - 40 HOURS - ST JOSEPH REGIONAL HEALTH CENTER ANTHONY PFITZER - 40 HOURS - ST JOSEPH REGIONAL HEALTH CENTER

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MADISON ST JOSEPH HEALTH CENTER  
FKA ST FRANCIS HEALTH CENTER

**Employer identification number**

74-2761145

**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
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**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
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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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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
ALLIANCE HEALTH PROV of Brazos Valley 2801 FRANCISCAN DR BRYAN, TX77802 74-2466914	phys hosp org	TX	NA	corporation			
ST JOSEPH PHYSICIAN ALLIANCE 2801 FRANCISCAN DR BRYAN, TX77802 74-2764039	COORD INSURANCE	TX	NA	CORPORATION			
TAU Enterprises 2801 Franciscan Drive bryan, TX77802 74-2544009	OFFICE RENTALS	TX	NA	corporation			
TRINITY MANagements SERVICES ORG 380 SUMMIT AVE STEBENVILLE, 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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
<b>(1)</b>	ST JOSEPH REGIONAL HEALTH CENTER	Q	80,097
<b>(2)</b>	ST JOSEPH PHYSICIAN ASSOCIATES	N	83,500
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**Software ID:**  
**Software Version:**  
**EIN:** 74-2761145  
**Name:** MADISON ST JOSEPH HEALTH CENTER  
 FKA ST FRANCIS 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
ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-1282696	HEALTH CARE	TX	501(c)(3)	3	NA
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2759890	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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-2761145

**Name:** MADISON ST JOSEPH HEALTH CENTER  
FKA ST FRANCIS HEALTH CENTER

### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
LAB SERVICES	622,110	4,516,281	4,516,281		
EMERGENCY DEPARTMENT SERVICES	622,110	3,212,907	3,212,907		
IMAGING SERVICES	622,110	2,803,537	2,803,537		
CARDIOPULMONARY SERVICES	622,110	1,199,046	1,199,046		
INPATIENT REVENUE	622,110	702,405	702,405		