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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization SAINT JOSEPH REGIONAL MEDICAL CENTER- SOUTH BEND CAMPUS INC		<b>D</b> Employer identification number 35-0868157
		Doing Business As (SEE SCHEDULE O FOR LIST)		<b>E</b> Telephone number (574) 335-5000
		Number and street (or P O box if mail is not delivered to street address) 5215 HOLY CROSS PARKWAY	Room/suite	<b>G</b> Gross receipts \$ 255,484,912
		City or town, state or country, and ZIP + 4 MISHAWAKA, IN 465451469		
	<b>F</b> Name and address of principal officer MICHAEL BOARDLEY 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 465451469		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J</b> Website: ► www.sjmed.com		<b>H(c)</b> Group exemption number ► 0928		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation 1958	<b>M</b> State of legal domicile IN	

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities HEALTHCARE SERVICES		
	<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> 2		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 1		
	<b>5</b> Total number of employees (Part V, line 2a) . . . . . <b>5</b> 2,06		
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 58		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 103,46		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 25,68		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	1,057,589	1,967,690
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	237,986,729	249,600,027
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,069,479	-2,760,625
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	5,516,887	3,238,415
		242,491,726	252,045,507
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	5,000	4,500
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	97,701,035	97,248,093
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	161,701,870	156,684,978
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	259,407,905	253,937,571
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-16,916,179	-1,892,064
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	99,291,327	433,516,881
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	74,659,871	376,362,590
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	24,631,456	57,154,291

<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2011-05-09</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>ROBERT DEVEY INTERIM CFO</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> <div></div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div> <div> <div>EIN</div> <div></div> </div>
	<div> <div>Phone no</div> <div></div> </div>

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

HEALTHCARE SERVICES - SEE SCHEDULE H FOR MORE INFORMATION

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 \$ 202,050,300 including grants of \$ 4,500 ) (Revenue \$ 252,202,906 )
	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC (THE HOSPITAL), A NOT-FOR-PROFIT CORPORATION OWNS AND OPERATES A 254-BED ACUTE-CARE HOSPITAL IN SOUTH BEND, INDIANA THE HOSPITAL PROVIDES SERVICES TO RESIDENTS OF THE LOCAL GEOGRAPHIC REGION THE HOSPITAL IS A MEMBER OF TRINITY HEALTH, AN INDIANA NOT-FOR-PROFIT CORPORATION SPONSORED BY CATHOLIC HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON OF THE HOLY ROMAN CATHOLIC CHURCH FOR MORE INFORMATION ON SPECIFIC SERVICES PROVIDED, PLEASE SEE THE HOSPITAL WEBSITE AT <a href="http://www.sjmed.com">www.sjmed.com</a>

4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE MISSION STATEMENT FOR THE HOSPITAL IS AS FOLLOWS WE SERVE TOGETHER IN TRINITY HEALTHIN THE SPIRIT OF THE GOSPEL TO HEAL BODY, MIND AND SPIRITTO IMPROVE THE HEALTH OF OUR COMMUNITIESAND TO STEWARD THE RESOURCES ENTRUSTED TO US











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

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

4e	Total program service expenses	\$ 202,050,300
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Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	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> . . . . .	34	Yes	
35	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> . . . . .	35	Yes	
36	<b>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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	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 . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	149	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	2,069	
	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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <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				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	20	
b	Enter the number of voting members that are independent . . .	1b	17	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MICHAEL J BOARDLEY 837 EAST CEDAR ST STE 350 SOUTH BEND, IN 466172000 (574) 472-6083

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

• 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

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

Form 990 (2009)



<b>1b Total</b> . . . . .	1,537,703	10,000,858	2,493,080
---------------------------	-----------	------------	-----------

**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 **43**

		<b>Yes</b>	<b>No</b>
<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> . . . . .	<b>3</b> Yes	
<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> . . . . .	<b>4</b> 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> . . . . .	<b>5</b> Yes	

**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
SOUTH BEND MEDICAL FOUNDATION 530 N LAFAYETTE BLVD SOUTH BEND, IN 46601	LABORATORY SERVICES	11,063,071
st JOSEPH VALLEY ANESTHESIA PO BOX 1742 SOUTH BEND, IN 46634	ANESTHESIA SERVICES	1,763,386
ACUTE NEPHROLOGY SERVICES 250 E DAY RD MISHAWAKA, IN 46545	PROFESSIONAL MEDICAL SERVICES	1,234,219
SODEXO MARRIOT MGMT INC 4880 PAYSPIRE CIRCLE CHICAGO, IL 60674	DIETARY MANAGEMENT	955,373
NATL WOUNDCARE AND HYPERBARIC PO BOX 933430 ATLANTA, GA 31193	HEALTHCARE SERVICES	653,990

**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 **23**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	1,935,090				
	e	Government grants (contributions)	1e	20,350				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,250				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		1,967,690				
Program Service Revenue			Business Code					
	2a	NET PATIENT SVC REV	900,099	249,600,027	249,600,027			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		249,600,027				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		576,455			576,455	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real	(ii) Personal				
			532,076					
			532,076					
	d	Net rental income or (loss) . . . . .		532,076			532,076	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				102,325				
			427,838	3,011,567				
			-427,838	-2,909,242				
	d	Net gain or (loss) . . . . .		-3,337,080			-3,337,080	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
			b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
			b	Less direct expenses . . . . .	b			
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
		b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	CAFETERIA	900,099	1,369,771	1,369,771				
b	SCHOOL NURSE REVENUE	900,099	665,943	665,943				
c	LAUNDRY SERVICES	812,300	161,856	58,396	103,460			
d	All other revenue . . . . .		508,769	508,769				
e	Total. Add lines 11a-11d . . . . .		2,706,339					
12	Total revenue. See Instructions . . . . .		252,045,507	252,202,906	103,460	-2,228,549		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,500	4,500		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	52,948	52,948		
7	Other salaries and wages	75,046,885	70,827,722	4,219,163	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	5,390,629	5,070,942	319,687	
9	Other employee benefits . . . . .	10,862,788	10,583,664	279,124	
10	Payroll taxes . . . . .	5,894,843	5,655,873	238,970	
11	Fees for services (non-employees)				
a	Management . . . . .	475,429	475,429		
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	20,850,728	20,588,200	262,528	
12	Advertising and promotion . . . . .	443,286	17,636	425,650	
13	Office expenses . . . . .	44,479,837	43,599,208	880,629	
14	Information technology . . . . .	62,436	62,436		
15	Royalties . . . . .				
16	Occupancy . . . . .	5,942,703	5,665,307	277,396	
17	Travel . . . . .	219,479	200,646	18,833	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	124,437	117,520	6,917	
20	Interest . . . . .	2,388,795	2,388,795		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	13,727,380	13,727,380		
23	Insurance . . . . .	1,799,154		1,799,154	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	INTERCO PURCHASED SVCS	42,695,315	5,774	42,689,541	
b	BAD DEBT EXPENSE	20,775,087	20,775,087		
c	CONTRACT LABOR EXPENSE	1,114,180	1,114,180		
d	EQUIPMENT MAINTENANCE	913,894	696,767	217,127	
e	UBI TAXES	43,200		43,200	
f	All other expenses	629,638	420,286	209,352	
25	Total functional expenses. Add lines 1 through 24f	253,937,571	202,050,300	51,887,271	0
26	Joint costs. 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
Assets	1	Cash—non-interest-bearing . . . . .			892,602	1	9,597,040
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			34,668,504	4	29,780,653
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			1,370,031	7	978,391
	8	Inventories for sale or use . . . . .			5,195,376	8	5,888,338
	9	Prepaid expenses and deferred charges . . . . .			595,445	9	1,262,395
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	437,527,996			
	b	Less accumulated depreciation . . . . .	10b	69,490,098	34,275,152	10c	368,037,898
	11	Investments—publicly traded securities . . . . .			13,209,454	11	5,591,167
	12	Investments—other securities. See Part IV, line 11 . . . . .			8,295,104	12	1,262,204
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			789,659	15	11,118,795
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			99,291,327	16	433,516,881
Liabilities	17	Accounts payable and accrued expenses . . . . .			16,333,928	17	20,034,069
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			123,345	19	119,442
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	13,669,687
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			58,202,598	25	342,539,392
	26	Total liabilities. Add lines 17 through 25 . . . . .			74,659,871	26	376,362,590
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			24,631,456	27	57,154,291
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			24,631,456	33	57,154,291
	34	Total liabilities and net assets/fund balances . . . . .			99,291,327	34	433,516,881

**Part XI**    **Financial Statements and Reporting**

		<b>Yes</b>	<b>No</b>
<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? . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</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 . . . .	<b>2c</b>	Yes
<b>d</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 checked="" type="checkbox"/> Consolidated basis <input 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? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	<b>3b</b>	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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)

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

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

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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

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

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

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

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

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? 

☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		7,295
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			7,295
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization SAINT JOSEPH REGIONAL MEDICAL CENTER- SOUTH BEND CAMPUS INC	Employer identification number  35-0868157
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
	(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
	(ii) Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		6,014,150		6,014,150
b Buildings . . . . .		231,646,272	31,423,098	200,223,174
c Leasehold improvements . . . . .				
d Equipment . . . . .		183,005,395	37,603,668	145,401,727
e Other . . . . .		16,862,179	463,332	16,398,847
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				368,037,898



Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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
Part X	Description of Uncertain Tax Positions Under FIN 48	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. is included in the consolidated financial statements of Trinity Health. Trinity Health's financial statements for the year ended June 30, 2010 did not include a FIN 48 footnote.



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number  
  
35-0868157

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .	1	8,127	7,142,950		7,142,950	3 060 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .	50	14,890	31,990,100	17,886,455	14,103,645	6 050 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .	3	289	224,226	60,620	163,606	0 070 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .	54	23,306	39,357,276	17,947,075	21,410,201	9 180 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	14	12,956	1,616,052	1,574	1,614,478	0 690 %
f Health professions education (from Worksheet 5) . . . .	6	82	4,605,748	3,430,273	1,175,475	0 500 %
g Subsidized health services (from Worksheet 6) . . . .	12	66,154	8,758,395	3,545,061	5,213,334	2 240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .	7		555,566		555,566	0 240 %
j <b>Total</b> Other Benefits . . . .	39	79,192	15,535,761	6,976,908	8,558,853	3 670 %
k <b>Total.</b> Add lines 7d and 7j . . . .	93	102,498	54,893,037	24,923,983	29,969,054	12 850 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development	1		7,500		7,500	0 %
3Community support	2		49,044		49,044	0 020 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development	1		15,000		15,000	0 010 %
9Other						
10Total	4		71,544		71,544	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	27,061,410		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3706,141		
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	575,788,453		
6Enter Medicare allowable costs of care relating to payments on line 5	678,114,795		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7-2,326,342		
8Describe 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			
9aDoes the organization have a written debt collection policy?	9aYes		
9bIf "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.	9bYes		

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

## Name and address

**Schedule H (Form 990) 2009**

**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

See additional data

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

See additional data

- 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

See additional data

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

See additional data

- 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

See additional data

- 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 )

See additional data

- 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

See additional data

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

IN

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**  
SAINT JOSEPH REGIONAL MEDICAL CENTER-  
SOUTH BEND CAMPUS INC

**Employer identification number**  
  
35-0868157

Part I Questions Regarding Compensation

	Yes	No
<div><b>1a</b> 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</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div><b>b</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</div>	<b>1b</b>	
<div><b>2</b> 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?</div>	<b>2</b>	
<div><b>3</b> 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</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div><b>4</b> 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</div> <div><div><b>a</b> Receive a severance payment or change-of-control payment?</div><div><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	<div><b>4a</b> Yes</div> <div><b>4b</b> Yes</div> <div><b>4c</b> No</div>	
<div><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></div> <div><b>5</b> 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</div> <div><div><b>a</b> The organization?</div><div><b>b</b> Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	<div><b>5a</b></div> <div><b>5b</b></div>	<div>No</div> <div>No</div>
<div><b>6</b> 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</div> <div><div><b>a</b> The organization?</div><div><b>b</b> Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	<div><b>6a</b></div> <div><b>6b</b></div>	<div>No</div> <div>No</div>
<div><b>7</b> 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</div>	<b>7</b>	No
<div><b>8</b> 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</div>	<b>8</b>	No
<div><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	<b>9</b>	

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

[illegible]

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
	Part I, Line 4a	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR 2009. THESE AMOUNTS ARE INCLUDED IN COLUMN B(iii). NANCY HELLYER - \$7,517. THOMAS LAVELLE - \$219,767. BRUCE PAYTON - \$68,160. IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES THE FOLLOWING SEVERANCE AMOUNTS WHICH WERE UNPAID AS OF 12/31/09: NANCY HELLYER - \$584,462. BRUCE PAYTON - \$184,044. FOR BRUCE PAYTON, THE \$184,044 WAS PAID AND INCLUDED IN HIS TAXABLE INCOME IN 2010. FOR NANCY HELLYER, \$394,653 WAS PAID AND INCLUDED IN HER TAXABLE INCOME IN 2010. THE REMAINING \$189,809 WILL BE PAID AND INCLUDED IN HER TAXABLE INCOME IN 2011. PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUALS FOR 2009 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: KEDRICK ADKINS - \$38,675. MICHAEL SLUBOWSKI - \$55,733. JOSEPH SWEDISH - \$493,225. PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$245,000 FOR 2009). THE FOLLOWING ACCRUALS FOR 2009 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: KEDRICK ADKINS - \$59,584. ROBERT CASALOU - \$11,105. NANCY R. HELLYER - \$29,195. MICHAEL SLUBOWSKI - \$42,832. JOSEPH SWEDISH - \$249,263. Part II, Column B(ii): The following individuals received amounts in 2009 from a long-term incentive plan (LTIP). Participants in the LTIP (CEOs and certain Trinity executives) were eligible to receive a payment under the plan only if certain patient loyalty improvement targets were achieved by the end of a three-year period (FY07 through FY09). The following LTIP amounts are included in Schedule J, Part II, Column B(ii): KEDRICK ADKINS - \$337,826. MICHAEL SLUBOWSKI - \$403,918. JOSEPH SWEDISH - \$1,042,563.
Supplemental Information	Part III	PART II: TOM REITINGER - THE AMOUNT LISTED IN B(i) OF SCHEDULE J, PART II REPRESENTS THE AMOUNT PAID BY SAINT JOSEPH REGIONAL MEDICAL CENTER (SJRMC) TO HURON CONSULTING GROUP FOR MR. REITINGER'S SERVICES AS INTERIM PRESIDENT OF SJRMC (MR. REITINGER IS AN EMPLOYEE OF HURON CONSULTING GROUP AND RECEIVES A FORM W-2 FROM THEM). SJRMC DOES NOT KNOW HOW MUCH MR. REITINGER RECEIVED AS WAGES FROM HIS EMPLOYER, HURON CONSULTING GROUP, IN CALENDAR 2009.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2009**  
Open to Public Inspection

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

Employer identification number  
  
35-0868157

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ERICA AUSTIN	FAMILY MEMBER OF AARON AUSTIN, KEY EMPLOYEE	52,948	EMPLOYMENT ARRANGEMENT		No
ELM ROAD MOB II LLC	ROBERT CLEMENCY, DIR , HAS A GREATER THAN 5% INDIRECT INT IN ELM ROAD MOB	714,583	SJRMCM - S BEND CAMPUS LEASES SPACE FROM ELM ROAD MOB II		No



Additional Data

Software ID:  
Software Version:  
EIN: 35-0868157  
Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-  
SOUTH BEND CAMPUS INC

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493129015701
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SCHEDULE O (Form 990)  Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.	OMB No 1545-0047
		2009
		Open to Public Inspection

Name of the organization SAINT JOSEPH REGIONAL MEDICAL CENTER- SOUTH BEND CAMPUS INC	Employer identification number  35-0868157
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Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	IN December 2009, the HOSPITAL FACILITY LOCATED at 801 East Lasalle IN South Bend w as closed At the same time, a new hospital FACILITY at 5215 Holy Cross Parkway IN Mishaw aka was opened The new hospital FACILITY has 254 licensed beds AND IS LOCATED ON A 90-ACRE CAMPUS THE ENTIRE CAMPUS WAS DESIGNED TO PROMOTE SAFETY , EFFICIENCY , AND HEALING IN A SOOTHING ENVIRONMENT

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		TRINITY HEALTH AND SAINT JOSEPH REGIONAL MEDICAL CENTER (THE PARENT OF SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS) HAVE CONTRACTED WITH HURON CONSULTING GROUP FOR THE PROVISION OF INTERIM PRESIDENT SERVICES FOR SAINT JOSEPH REGIONAL MEDICAL CENTER AND ITS SUBSIDIARIES SEE SCHEDULE J, PART III FOR ADDITIONAL INFORMATION

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		PRIOR TO FILING, THE FORM 990 FOR SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF DIRECTORS THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

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

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

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

Identifier	Return Reference	Explanation
CORE FORM, PART XI, LINE 2		SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC 'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 10 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE A UDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

Identifier	Return Reference	Explanation
		FORM 990, PART I, DOING BUSINESS AS ELM ROAD OCCUPATIONAL HEALTH, ELM ROAD SLEEP DISORDER CENTER, ELM ROAD OUTPATIENT THERAPY/INDUSTRIAL REHABILITATION, HEALTHY FAMILY CENTER, MIDWIFERY OF MICHIANA, MOBILE MEDICAL UNIT, OCCUPATIONAL HEALTH, SR MAURA BRANNICK HEALTH CENTER, SAINT JOSEPH REGIONAL MEDICAL CENTER, SJRMC REHABILITATION INSTITUTE, SAINT JOSEPH REGIONAL MEDICAL CENTER REHABILITATION INSTITUTE, SAINT JOSEPH REHABILITATION INSTITUTE, ASSOCIATES IN FAMILY MEDICINE, SAINT JOSEPH PODIATRIC RESIDENCY CLINIC, FAMILY MEDICINE CENTER OF SJRMC, SAINT JOSEPH REGIONAL MEDICAL CENTER SPORTS MEDICINE INSTITUTE, SR MAURA BRANNICK DENTAL CENTER

Identifier	Return Reference	Explanation
CORE FORM, PART VII, SECTION A, LINE 1, COLUMN B	ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS KEDRICK ADKINS - 53 HOURS AARON AUSTIN - 40 HOURS ROBERT CASALOU - 48 HOURS TERRY L HECK - 40 HOURS NANCY R HELLYER - 40 HOURS MARSHA KING - 40 HOURS RICHARD KORMAN - 40 HOURS RICHARD O'CONNELL - 53 HOURS BRUCE PAYTON - 40 HOURS LORI PRICE - 30 HOURS THOMAS REITINGER - 40 HOURS ROBERT SINK - 40 HOURS MICHAEL SLUBOWSKI - 53 HOURS JOSEPH SWEDISH - 53 HOURS

SCHEDULE R

(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

Employer identification number

35-0868157

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
See Additional Data Table					

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

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
See Additional Data Table							

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

1a

No

1b

No

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-  
SOUTH BEND CAMPUS INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ABRAHAM MARCUS CHR THRU 1/10, Treas AS OF 1/10	2 00	X		X				0	0	0
BONITA RAINE PHD VICE CHAIR THRU 1/10	2 00	X		X				0	0	0
SR ROSE A SCHULTZ CSC SECRETARY THRU 1/10	2 00	X		X				0	0	0
CHARLES VIATER TREAS THRU 1/10 & DIRECTOR	2 00	X		X				0	0	0
J SPIKE ABERNETHY DIRECTOR THRU 1/10	2 00	X						0	0	0
RODNEY GANEY DIRECTOR	2 00	X						0	0	0
NANCY R HELLYER CEO THRU 12/09	10 00	X		X				0	676,718	661,384
MICHAEL METHOD MD DIRECTOR THRU 1/10	2 00	X						0	0	0
KATHY BEELER DIRECTOR	2 00	X						0	0	0
LORI PRICE COO & DIRECTOR THRU 1/10	20 00	X		X				0	365,101	37,188
JOHN ROSENTHAL DIRECTOR	2 00	X						0	0	0
SR MARY J SHINGLERPHJC DIRECTOR THRU 1/10	2 00	X						0	0	0
UTHMAN CAVALLO MD DIRECTOR AS OF 1/10	2 00	X						0	0	0
ROBERT E CLEMENCY MD DIRECTOR AS OF 1/10	2 00	X						0	0	0
MICHAEL J HAMMES CHAIR AS OF 1/10	2 00	X		X				0	0	0
ROBERT S OPPMAN MD DIRECTOR	2 00	X						0	0	0
THOMAS REITINGER HURON CONS GROUP INTERIM PRES SJRMC	10 00	X						0	246,726	0
BILAL ANSARI MD DIRECTOR AS OF 1/10	2 00	X						0	0	0
ROBERT CASALOU DIRECTOR AS OF 1/10	2 00	X						0	499,782	48,404
MICHAEL R LEEP SR DIRECTOR AS OF 1/10	2 00	X						0	0	0
SCOTT MALPASS DIRECTOR AS OF 1/10	2 00	X						0	0	0
CAROL A MOONEY JD DIRECTOR AS OF 1/10	2 00	X						0	0	0
JOHN OLIVER DIRECTOR AS OF 1/10	2 00	X						0	0	0
REV MARK L POORMAN CSC PHD VICE CHAIR AS OF 1/10	2 00	X		X				0	0	0
SISTER KATHLEEN QUINN PHJC DIRECTOR AS OF 1/10	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
SISTER AGNES ANNE ROBERTS CSC DIRECTOR AS OF 1/10	2 00	X						0	0	0
WILLIAM SEXTON DIRECTOR AS OF 1/10	2 00	X						0	0	0
ELIUD VILLANUEVA DIRECTOR THRU 1/10	2 00	X						0	0	0
BEN ZIOLKOWSKI DIRECTOR THRU 1/10	2 00	X						0	0	0
TERRY L HECK CFO	10 00			X				0	314,082	43,643
RICHARD KORMAN SECRETARY AS OF 1/10, GEN COUNSEL	10 00			X				0	181,065	31,553
MARSHA KING CNO	10 00				X			0	229,154	36,019
BRUCE E PAYTON STRATEGIC PLANNING OFCR THRU 09/09	10 00				X			0	294,435	231,233
AARON AUSTIN CHRO	10 00				X			0	256,434	35,700
JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	2 00				X			0	3,023,292	798,303
KEDRICK ADKINS TRINITY PRES INTEG SVCS	2 00				X			0	1,453,695	130,171
MICHAEL SLUBOWSKI TRIN PRES HLTH & HOSP NTWKS	2 00				X			0	1,617,841	154,389
RICHARD O'CONNELL TH COO - HOSPITAL NETWORKS	2 00				X			0	495,143	11,123
RICHARD LEE WEST FORMER KEY EMPLOYEE	45 00						X	0	0	0
BRIAN MOLONEY FORMER KEY EMPLOYEE	10 00						X	0	0	0
MARK SANDOCK FORMER KEY EMPLOYEE	10 00						X	0	0	0
PAUL E MILLER MD HOSPITALIST	50 00					X		311,169	0	43,280
F MONCRIEF DOBSON MD PHYSICIAN NEONATOLOGY	50 00					X		296,159	0	52,954
MARTIN WIESCHHAUS MD PHYSICIAN FAMILY MEDICINE	50 00					X		264,663	0	45,607
THOMAS PERUMPILLYKADAN VARIED MD HOSPITALIST	50 00					X		263,446	0	31,136
HOSAM NASRI KHAYAL MD HOSPITALIST	50 00					X		260,256	0	37,939
THOMAS F LAVELLE MD FORMER KEY EMPLOYEE	0 00						X	0	226,706	11,876
CHRISTOPHER J KARAM FORMER KEY EMPLOYEE	50 00						X	142,010	0	27,725
ROBERT SINK FORMER OFFICER	10 00						X	0	120,684	23,453

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
INTERCO PURCHASED SVCS	42,695,315	5,774	42,689,541	
BAD DEBT EXPENSE	20,775,087	20,775,087		
CONTRACT LABOR EXPENSE	1,114,180	1,114,180		
EQUIPMENT MAINTENANCE	913,894	696,767	217,127	
UBI TAXES	43,200		43,200	



Additional Data

Software ID:

Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS INC

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
EDISON LAKES AMBULATORY CENTER 250 EAST DAY ROAD MISHAWAKA,IN 46544									DIAG CENTER, LAB & XRAY
4 WEST MEDICAL PAVILION 420 W FOURTH STREET MISHAWAKA,IN 46544									OUTPAT PHYSICIAN CLINIC
THE HEALTHY FAMILY CENTER 201 LINCOLNWAY WEST MISHAWAKA,IN 46544									FAMILY HEALTH CTR
sT JOSEPH REG MED CTR-SOUTH BEND CAMPUS 5215 HOLY CROSS PARKWAY MISHAWAKA,IN 46544	X	X		X			X		
ST JOSEPH REG MED CTR-SOUTH BEND CAMPUS 801 EAST LASALLE STREET SOUTH BEND,IN 46617	X	X		X			X		FACILITY CLOSED 12/2009
SISTER MAURA CSC BRANNICK HEALTH CENTER 326 SOUTH CHAPIN STREET SOUTH BEND,IN 46601									OUTPATIENT CLINIC
EDISON LAKES MEDICAL PLAZA 230 EAST DAY ROAD MISHAWAKA,IN 46544									SPORTS MEDICINE INSTITUTE
EDISON LAKES REHABILITATION CENTER 270 EAST DAY ROAD MISHAWAKA,IN 46544									INDUSTRIAL REHABILITATION
EDISON LAKES EYE SURGERY CENTER 270 EAST DAY ROAD MISHAWAKA,IN 46544									SPECIALTY CLINIC
ELM ROAD MEDICAL CAMPUS 60101 BODNAR BLVD MISHAWAKA,IN 46544									OUTPATIENT CLINIC
ELM ROAD MEDICAL CAMPUS (CONT) 60101 BODNAR BLVD MISHAWAKA,IN 46544									MIDWIFERY & SLEEP DISORDERS CLINICS
MEDICAL OFFICE PAVILION III 837 E CEDAR STREET SOUTH BEND,IN 46617									FAMILY HEALTH CTR
MEDICAL OFFICE PAVILION II 720 EAST CEDAR STREET SOUTH BEND,IN 46617									OUTPATIENT PHYSICIAN CLINIC
MEDICAL OFFICE PAVILION II (CONT) 720 EAST CEDAR STREET SOUTH BEND,IN 46617									PEDIATRIC SPECIALTY CLINIC
WOMENS CARE CENTER 360 N NOTRE DAME SOUTH BEND,IN 46617									MIDWIFERY CLINIC
MEDICAL OFFICE PAVILION I 707 E CEDAR STREET SOUTH BEND,IN 46617									OUTPATIENT PHYSICIAN CLINIC
MEDICAL OFFICE PAVILION I (CONT) 707 E CEDAR STREET SOUTH BEND,IN 46617									RADIATION ONCOLOGY/IMAGERY RECOVERY
ST JOSEPH REHABILITATION INSTITUTE 60205 BODNAR BOULEVARD MISHAWAKA,IN 46544									INPATIENT REHAB FACILITY
SAINT JOSEPH PEDIATRIC SPECIALTY CLINICS 611 EAST DOUGLAS RD SUITE 405 MISHAWAKA,IN 46545									PEDIATRIC SPECIALTY CLINIC

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c
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**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 6a SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS reports its community benefit information as part of the consolidated community benefit information reported by Trinity Health in its annual report, available at [www.trinity-health.org](http://www.trinity-health.org) SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF INDIANA In addition, SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS includes a copy of its most recently filed schedule H on both trinity health's website AS WELL AS SAINT JOSEPH REGIONAL MEDICAL CENTER'S WEBSITE ([WWW.SJMED.COM](http://WWW.SJMED.COM))

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7 The best available data was used to calculate the cost amounts reported in item 7 For certain categories, primarily total charity care and means-tested government programs, specific cost-to-charge ratios were calculated and applied to those categories The cost-to-charge ratio was derived from worksheet 2, ratio of patient care cost-to-charges In other categories, the best available data was derived from the Hospital's cost accounting system

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7f The following number, \$20,775,087, represents the amount of bad debt expense included in total functional expenses in Form 990, Part IX, Line 25 Per IRS instructions, this amount was excluded from the denominator when calculating the percent of total expense for Schedule H, Part I, Line 7, column (f)

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 4 SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS is included in the consolidated financial statements of Trinity Health. The following is the text of the allowance for doubtful accounts footnote from those statements: "Substantially all of the corporation's receivables are related to providing healthcare services to patients. Accounts receivable are reduced by an allowance for amounts that could become uncollectible in the future. The corporation's estimate for its allowance for doubtful accounts is based upon management's assessment of historical and expected net collections by payor." Costing methodology for lines 2 and 3: Amounts are calculated on line 2 using a cost to charge ratio methodology. Any discounts provided or payments made to a particular patient account are applied to that patient account prior to any bad debt write-off and are thus not included in bad debt expense. As a result of the payment and adjustment activity being posted to bad debt accounts, we are able to report bad debt expense net of these transactions. A BAD DEBT to Charity Reclass was conducted at two RELATED TRINITY ORGANIZATIONS. Based on data returned from Collection Agencies, which was validated through electronic means (iSolutions), amounts that had been written off to Bad Debt were re-classed to Charity due to patient's inability to pay that would meet Presumptive Charity Criteria. Selected returned accounts were cases where there was no payment within 90 days of placement with the agency. As iSolutions data was not available for the SJRMC facilities, we assume approximately 10% of the amounts written-off to Bad Debt would have qualified for Charity based on similar findings within the region. While current operations attempt to identify those cases that will qualify for Charity or Uncompensated Care, it is assumed that approximately 10% of the remaining Bad Debt amount may also qualify as Charity.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 8 Similar to CHA recommendations, which state that serving Medicare patients is not a differentiating feature of tax-exempt healthcare organizations and that the existing community benefit framework allows community benefit programs that serve the Medicare population to be counted in other community benefit categories, SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS does not believe any Medicare shortfall should be treated as community benefit Part III, Line 8 Costing methodology for line 6 - Medicare costs were obtained from the filed Medicare cost report The costs are based on Medicare allowable costs as reported on worksheet B, column 27, which exclude direct medical education costs Inpatient Medicare costs are calculated based on a combination of allowable cost per day times Medicare days for routine services and cost to charge ratio times Medicare charges for ancillary services Outpatient Medicare costs are calculated based on cost to charge ratio times Medicare charges by ancillary department

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 9b The organization's collection policy contains the criteria for financial assistance, and contains the following verbiage for arrangements with outside collection agencies The agreement must define the standards and scope of practices to be used by outside collection agents acting on behalf of the MINISTRY ORGANIZATION, all of which must be in compliance with this policy

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

Part VI, Line 2 NEEDS ASSESSMENT - ST JOSEPH REGIONAL MEDICAL CENTER/SOUTH BEND ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY IT SERVES AS THE BASIS FOR SAINT JOSEPH REGIONAL MEDICAL CENTER'S (SJPMC) STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES THE SJPMC COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO - GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNINGTHE SJPMC COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC ) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS) THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES THE SJPMC COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF WINTER/SPRING 2008 AND ACTION PLANS TO ADDRESS IDENTIFIED COMMUNITY NEEDS HAVE BEEN DEVELOPED THROUGH FY2012 THE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED BY SJPMC AND DISTRIBUTED WITHIN THE COMMUNITY



**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**  
**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**

Part VI, Line 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SJRMC IS COMMITTED TO - PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR A LL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE- BALANCING NEEDED FINANCIAL ASSISTANCE FOR S OME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVID E THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITYIN ACCORDAN CE WITH AHA RECOMMENDATIONS, SJRMC HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDL ING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFF ECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUP PORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSSJRMC PROVIDES EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIE NTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINA NCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE A AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE SJRMC RECOGNIZES THE MANY CHAL Lenges THAT FACE ITS UNINSURED AND UNDERINSURED PATIENTS WHEN APPLYING FOR STATE AND FEDER AL PROGRAMS TO HELP WITH HEALTHCARE EXPENSES THEREFORE, SJRMC ESTABLISHED THE ELIGIBILITY ASSISTANCE DEPARTMENT THAT UTILIZES A SOCIAL SERVICE APPROACH WITH A COMMITMENT TO PATIEN T DIGNITY, COMPASSION, INTEGRITY AND PATIENT CENTERED CARE THE ELIGIBILITY ASSISTANCE DEPA RTMENT IS STAFFED BY HIGHLY TRAINED SPECIALISTS WHO KNOW AND UNDERSTAND THE DIFFERENT REQU IREMENTS FOR MANY LOCAL, STATE AND FEDERAL PROGRAMS ONCE IT IS DETERMINED THAT A PATIENT QUALIFIES FOR A PROGRAM, AN ELIGIBILITY SPECIALIST IS ASSIGNED TO THE PATIENT'S CASE THE ELIGIBILITY SPECIALIST WORKS WITH THE PATIENT'S PROVIDERS, DEPARTMENT OF CARE MANAGEMENT, AND ALL APPROPRIATE STATE AND FEDERAL AGENCIES WHILE NAVIGATING THE PATIENT THROUGH PROCES SES FINANCIAL COUNSELORS, IN CONJUNCTION WITH THE ELIGIBILITY ASSISTANCE DEPARTMENT, MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE SJRMC OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED IN DIVIDUALS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT F INANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH VARIOUS MEANS, WH ICH INCLUDE, BUT ARE NOT LIMITED TO, PATIENT BROCHURES, MESSAGES INCLUDED ON PATIENT BILLS , NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, URGENT CARE CENTERS, ADM ITTING AND REGISTRATION DEPARTMENTS, HOSPITAL PATIENT ACCOUNTING DEPARTMENTS, AND OTHER PA TIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES SUMMARIES OF HOSPI TAL PROGRAMS ARE MADE AVAILABLE TO THE INDIANA DIVISION OF FAMILY RESOURCES, UNITED WAY, T HE LOCAL CHAPTER OF THE AMERICAN RED CROSS, THE AREA COUNCIL ON AGING, LOCAL PRIVATE AND P UBLIC SCHOOLS AND OTHER COMMUNITY HEALTH AND HUMAN SERVICE AGENCIES THAT ASSIST PEOPLE IN NEED INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITA L WEBSITE AND IN THE DEPARTMENT ADMISSION PACKAGES IN ADDITION TO ENGLISH, THIS INFORMATI ON IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPUL ATION SERVICED BY THE HOSPITAL SJRMC HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COL LECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS SJRMC MAKES EVERY EFFORT TO ADH ERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING P ATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER SJRMC EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND AD MITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLI CIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEI R INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES ALL OF THE AFOREMENTIONED STAFF R ECEIVE TRAINING ON TRINITY HEALTH'S MISSION, VISIO

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

N AND VALUES THIS ALLOWS THE ASSOCIATES TO OFFER FINANCIAL ASSISTANCE TO PATIENTS WITH CO MPASSION AND INTEGRITY, WHILE MAINTAINING THE PATIENT'S DIGNITY

**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**  
**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

Part VI, Line 4 COMMUNITY INFORMATION - Saint Joseph Regional Medical Center serves 908,349 people in a diverse nine-county market in Indiana and Michigan at two hospital campuses, one in Mishawaka and one in Plymouth. The Primary Service Area includes St. Joseph, Elkhart, and Adams Counties in Indiana and Berrien County, Michigan, while the secondary service area encompasses Fulton, LaPorte, Pulaski, and Starke Counties in Indiana and Cass County, Michigan. Counties are generally suburban or rural in nature, with the exception of urban city-centers in Elkhart and South Bend, the fourth largest city in Indiana. The region offers diversity, a stable economy, and a family-friendly environment, all within close proximity of Chicago. Our region includes a variety of quality education opportunities, including both public and private schools from preschool through high school. Those pursuing a higher level of education have several options, including the University of Notre Dame, Indiana University at South Bend, St. Mary's College, Holy Cross College, Ancilla College, Bethel College, Indiana Tech, and Ivy Tech State College. Other hospitals in the Primary Service Area include Memorial Hospital of South Bend, Elkhart General Hospital, and Goshen General Hospital to the east, in Elkhart County. Hospitals located in the Secondary Service Area include LaPorte Hospital and Saint Anthony Memorial Hospital to the west in LaPorte County, and to the south, Woodlawn Hospital in Rochester, Starke Memorial in Starke County, and Pulaski Memorial in Winamac. Total population for the nine-county service area is only expected to grow 0.6% from 2010 through 2015. Compared to the State of Indiana, the Nine-County Area has a lower projected population growth, a higher median age, and the greatest decline in Females of Child Bearing Age 15-44 at 2.5%. The population aged 65 and older represents 13.2% of the total population, and is expected to increase 10% over the next five years. Median Household Income is below the rate for the states of Indiana, Michigan, and Ohio as well as the USA. While Median Household Wealth is higher in the Nine-County Area than the USA and nearby states, unemployment rates in the past nine months have altered the estimation of wealth in this area. Both the primary and secondary service areas have experienced stagnant population growth over the past decade. The only pocket of growth in St. Joseph County is in the southeast quadrant. Median household income is fairly stable across the region, with areas of highest affluence in the Granger zip code and portions of Elkhart County. Unemployment has dramatically fluctuated in the nine-county market over the past nine months. By comparison, from 7.5% in 2008 to a high of 13% in May 2009 to the current rate of 11.3% in September 2010. The current rate is higher than the Indiana rate of 9.5% and the national average of 9.2%. Anecdotally, the number of local underinsured and uninsured residents has leveled off with the rates of job loss. Moody's continues to rate Indiana as in Recession. Education, healthcare, and government are the major employers in the local economy. Estimates of the uninsured in the seven Indiana Counties in this service area is 91,759, ranging from 14.5% in Fulton County to 16.5% in Elkhart County, in the three Michigan counties served the estimate of uninsured is 232,203, ranging from 10.3% in Cass County to 14.4% in Berrien County. The targeted service area includes several Medically Underserved Areas (MUA) and Medically Underserved Populations (MUP). In Indiana, these include portions of Elkhart County, LaPorte County, and St. Joseph County. In Michigan, they include portions of Berrien County, Cass County, and St. Joseph County. There are also three Critical Access Hospitals (CAH) - Community Hospital of Bremen, Pulaski Memorial Hospital, and Woodlawn Hospital - at which primary care professionals with prescriptive privileges furnish outpatient primary-care services. In the State of Indiana, according to the U.S. Census Bureau, in 2007 10.1% of families lived in poverty. The State of Michigan's percentage was lower, at 8.2%. SJRMC serves a large Medicaid population across many delivery sites, most of which are located in St. Joseph County. Inpatient Medicaid population served by SJRMC Mishawaka Campus equals 20% of the hospital's total overall. When specific services like Obstetrics and Neonatology are considered, the percentage increases to 56-72% of the total discharges for the respective service line. As in most Midwestern communities, the Nine-County Service Area population is largely made up of White non-Hispanic individuals of northern European descent. However, the region of Northern Indiana and Southwestern Michigan has seen an increase in the Hispanic population over the past ten years. The representation of Hispanic population in this area is likely to be understated. The Nine-County Service Area population tends to suffer from the same challenges.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

ronic health problems as the rest of the nation Diseases with the highest incidence rates tend to be heart disease, cancer and diabetes in various degrees

**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**

Part VI, Line 5 COMMUNITY BUILDING ACTIVITIES - SJRMC STRIVES TO LIVE ITS MISSION OF SERVING THE POOR AND UNDERSERVED BY ASSISTING LOCAL ORGANIZATIONS IN THEIR EFFORTS TO MAKE THE CITIZENS OF OUR COMMUNITY MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY THROUGH OUR COMMUNITY NEEDS ASSESSMENT, WE LEARNED THAT CERTAIN TYPES OF AGENCIES COULD BENEFIT FROM OUR SUPPORT, INCLUDING THOSE THAT 1) PROVIDE MEDICAL CARE FOR THE MEDICALLY UNDER-SERVED AND/OR HOMELESS, 2) PROMOTE DIVERSITY, 3) SERVE WOMEN AND CHILDREN AND KEEP THEM SAFE, CLOTHED, FED AND EDUCATED, AND 4) WORK WITH OTHER HEALTH AND HUMAN SERVICES AGENCIES IN THE COMMUNITY TO FIND COMMON WAYS OF MEETING SOCIAL NEEDS MOST OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS THAT SJRMC SUPPORTS SERVE LOW INCOME OR VULNERABLE POPULATIONS OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE POPULATIONS OVER THE COURSE OF THE PAST YEAR, SJRMC HAS PROVIDED SUPPORT TO JUNIOR ACHIEVEMENT PROGRAMS THAT OFFERED HEALTH EDUCATION AND BUSINESS CAREERS TO AREA YOUTH, PARTICIPATED IN CHAMBER OF COMMERCE LEADERSHIP PROGRAMS THAT OFFERED EDUCATION AND COMMUNITY BUILDING FOR AREA BUSINESS PEOPLE, INCLUDING MEMBERS OF THE HEALTH CARE PROFESSIONS, HELPED THE MARTIN LUTHER KING FOUNDATION EDUCATE THE COMMUNITY ABOUT DIVERSITY, WORKING TOGETHER, CREATING COMMON GOALS AND DEVELOPING A STRONG PATH TO POSITIVE OUTCOMES AND ONGOING VITALITY, OFFERED UNITED HEALTH SERVICES SUPPORT FOR THEIR PROGRAMS THAT HELP UNINSURED PEOPLE FIND APPROPRIATE HEALTH SERVICES, PARTNERED WITH SEVERAL EDUCATIONAL INSTITUTES TO PROMOTE NURSING AND RESIDENT PHYSICIAN EDUCATION, PARTIALLY FUNDED PROGRAMS FOR ORGANIZATIONS ASSOCIATED WITH HOMELESSNESS, PROVIDED FUNDS FOR A PROGRAM THAT TEACHES CHILDREN AND YOUTH HOW TO DEAL WITH VIOLENCE, BEGAN CONVERSATIONS AND INITIAL JOINT PROGRAMS WITH THE LOCAL CENTER FOR CHILDREN AND FAMILIES AND ITS MENTAL HEALTH PROGRAMS, COUNSELING SERVICES AND OUTREACH SERVICES, INITIATED A JOINT PRIMARY CLINIC WITH ANOTHER LOCAL HOSPITAL THAT SERVES THE UNDER-SERVED AND UNINSURED POPULATIONS AS WELL AS THOSE ON GOVERNMENT HEALTH PLANS, SLIDING FEE SCALE, AND THE INSURED, AND SPONSORED MULTIPLE HEALTH FAIRS FOR SCHOOLS, CHURCHES, AND OTHER PUBLIC ORGANIZATIONS

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

Part VI, Line 6 OTHER INFORMATION - SJRMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS BY DOING SO, IT IS ABLE TO ENSURE THAT HIGH QUALITY AND EASILY ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SPECIALTY CARE AREAS SJRMC PRIDES ITSELF ON HAVING A NEW, STATE-OF-THE-ART MEDICAL CENTER THAT UTILIZES THE LATEST TECHNOLOGY, ELECTRONIC MEDICAL RECORDS, FULLY INTEGRATED MEDICAL TEAMS AND HIGHLY TRAINED STAFF TO PROVIDE CARE THAT IS SECOND TO NONE RESIDENCY PROGRAMS IN FAMILY PRACTICE, PODIATRY, AND PHARMACY, AS WELL AS CLINICAL EDUCATION FOR NURSES AND ANCILLARY STAFF PROVIDE ONGOING EDUCATION AND A "LABORATORY FOR LEARNING " SEVERAL NURSING SCHOOLS UTILIZE SJRMC FOR THE CLINICAL COMPONENT OF THEIR NURSING EDUCATION PARTICIPATING IN BOTH AN INTERNAL AND EXTERNAL INTERNAL REVIEW BOARD, SJRMC KEEPS PACE WITH THE EVER-GROWING COMPLEXITY OF HEALTHCARE AND PROVIDES LEADERSHIP IN AREAS SPECIFIC TO THE NEEDS OF ITS PATIENTS WHILE NOT CONSIDERED "THE" TRAUMA CENTER FOR THE AREAS IT SERVES, SJRMC DOES HAVE AN EXCELLENT GROUP OF EMERGENCY DEPARTMENT PHYSICIANS AND STAFF TRAINED IN TREATING PERSONS SUFFERING FROM EMERGENT AND NON-EMERGENT CONDITIONS SERVING ALL PEOPLE REGARDLESS OF ETHNICITY, GENDER, RELIGION, ABILITY TO PAY, ETC , THE EMERGENCY DEPARTMENT HAS OVER 30 TREATMENT ROOMS AS WELL AS TRAUMA ROOMS AND HIGH-INTENSITY TREATMENT ROOMS SJRMC PARTICIPATES IN MEDICARE, MEDICAID, CHAPUS, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND OFFERS CHARITY CARE AND CARE ON A SLIDING FEE SCALE IN KEEPING WITH ITS MISSION STATEMENT AND VALUES, SJRMC ASSURES UNINSURED PATIENTS THAT THEY RECEIVE THE SAME HIGH QUALITY MEDICAL CARE AS THOSE WHO HAVE THE ABILITY TO PAY FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO ARE ELIGIBLE TO RECEIVE IT POLICIES GOVERNING SUCH ASSISTANCE ARE READILY AVAILABLE FOR STAFF AND PATIENTS ALIKE SJRMC SPONSORS THREE HEALTH CENTERS THAT PROVIDE CARE TO ALL INSURED, UNDER-INSURED, AND UNINSURED PATIENTS IT ALSO FULLY SUBSIDIZES A HEALTH CENTER SPECIFICALLY FOR THE UNINSURED STAFFED BY DOCTORS WHO VOLUNTEER THEIR TIME AND SKILLS, THIS HEALTH CENTER SERVES A HIGHLY DIVERSE POPULATION AND OFFERS SPECIALIZED CLINICS IN CHRONIC DISEASE MANAGEMENT, COUMADIN CARE, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE A MOBILE MEDICAL UNIT WITH DIGITAL MAMMOGRAPHY AND A NURSE PRACTITIONER TRAVELS TO OUTLYING AREAS WHERE PRIMARY CARE SERVICES ARE DIFFICULT TO OBTAIN ONE OF THE AREAS IS COMPOSED OF ONE OF THE COUNTRY'S LARGEST AMISH POPULATIONS ADVOCACY FOR VARIOUS HEALTH-RELATED ISSUES IS AT THE FOREFRONT AT SJRMC, INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING THE HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS AND OBTAINING AFFORDABLE PHARMACEUTICALS SJRMC CONTINUES TO BE THE LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS AND ESTABLISHING AN URGENT CARE CENTER VOLUNTEERS WITHIN THE SJRMC/SOUTH BEND HOSPITAL TESTIFY TO THE REPUTATION AND IMPACT OF THE HOSPITAL WOMEN, MEN, AND YOUTH BELIEVE IN THE MISSION OF THE HOSPITAL AND ATTEST TO IT BY PROVIDING HUNDREDS OF HOURS OF SERVICE EACH YEAR VOLUNTEERS WITH SPECIAL NEEDS ARE ALSO WELCOME TO SERVE THE HOSPITAL, ITS PHYSICIANS, STAFF AND THE PUBLIC AS A FAITH-BASED HEALTH INSTITUTION, SJRMC OFFERS PATIENTS, THEIR FAMILIES, AND THE BROADER COMMUNITY THE OPPORTUNITY TO ADDRESS THE SPIRITUAL NEEDS THAT ARISE AS ONE EXPERIENCES ILLNESS, CHRONIC HEALTH CONDITIONS, OR THE DYING PROCESS THIS EXPERIENCE OF FAITH, THE PRESENCE OF CHRISTIAN, JEWISH AND MUSLIM PRAYER/REFLECTION ROOMS, AND FULL-TIME CERTIFIED CHAPLAINS AFFORD EVERYONE WITH THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE IS ADDRESSED SJRMC HAS A NUMBER OF CRITICAL OUTREACH PROGRAMS THAT FURTHER ASSIST IN THE ENHANCEMENT OF THE HEALTH STATUS OF THE POPULATIONS IT SERVES THROUGH THE GENEROSITY OF BENEFACTORS AND THE SAINT JOSEPH FOUNDATION, SJRMC PARTICIPATES IN MANY OUTREACH COMMUNITY PROGRAMS AND SERVICES SUCH AS THE WOMEN'S TASK FORCE (WOMEN SURVIVORS OF VARIOUS FORMS OF CANCER) THAT PROVIDES MAMMOGRAMS AND PAP TESTS FOR THOSE UNABLE TO AFFORD THEM, THE BENDIX FAMILY PHYSICIANS (A HEALTH CENTER JOINTLY ESTABLISHED BY SJRMC AND MEMORIAL HOSPITAL OF SOUTH BEND) PROVIDING CARE AND HEALTH EDUCATION IN A DECLARED MEDICALLY UNDERSERVED AREA, AND PARTNERS IN PREVENTION (PROGRAMS FOCUSING ON CHRONIC DISEASE, NUTRITION, AND EXERCISE AS WELL AS SMOKING CESSATION)

**Form 990 Schedule H, Part VI - Supplemental Information, Line 7**

Part VI, Line 7 SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS IS A MEMBER ORGANIZATION OF Trinity Health, the fourth-largest Catholic health care system in the country Based in Novi, Michigan, Trinity Health annually requires that all member organizations develop, and are held accountable for achieving, community benefit goals that include developing needed services or expanding access to services for low-income individuals As a not-for-profit health system, Trinity Health reinvests its profits back into the community through programs to serve the poor and uninsured, manage chronic conditions like diabetes, health education and promotion initiatives, and outreach for the elderly In Fiscal Year 2010, this included nearly \$456 million in such community benefits Therefore, Trinity Health takes a systems approach in its community benefit planning and implementation, and is consequently able to ensure that its member hospitals and other entities/affiliates are helping promote and address the health needs of their respective communities For more information about Trinity Health, visit [www.trinity-health.org](http://www.trinity-health.org)

Software ID:

Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-  
SOUTH BEND CAMPUS INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
NANCY R HELLYER	(i)	0	0	0	0	0	0	0
	(ii)	379,703	110,930	186,085	636,193	25,191	1,338,102	118,448
LORI PRICE	(i)	0	0	0	0	0	0	0
	(ii)	271,693	52,144	41,264	17,023	20,165	402,289	30,044
THOMAS REITINGER (HURON CONS GROUP)	(i)	0	0	0	0	0	0	0
	(ii)	246,726	0	0	0	0	246,726	0
ROBERT CASALOU	(i)	0	0	0	0	0	0	0
	(ii)	374,872	67,846	57,064	23,175	25,229	548,186	0
TERRY L HECK	(i)	0	0	0	0	0	0	0
	(ii)	247,323	47,709	19,050	24,452	19,191	357,725	0
RICHARD KORMAN	(i)	0	0	0	0	0	0	0
	(ii)	180,874	0	191	10,805	20,748	212,618	0
MARSHA KING	(i)	0	0	0	0	0	0	0
	(ii)	184,577	35,421	9,156	20,085	15,934	265,173	0
BRUCE E PAYTON	(i)	0	0	0	0	0	0	0
	(ii)	180,276	0	114,159	220,751	10,482	525,668	15,886
AARON AUSTIN	(i)	0	0	0	0	0	0	0
	(ii)	207,190	39,897	9,347	16,000	19,700	292,134	441
JOSEPH SWEDISH	(i)	0	0	0	0	0	0	0
	(ii)	1,214,458	1,607,837	200,997	769,899	28,404	3,821,595	0
KEDRICK ADKINS	(i)	0	0	0	0	0	0	0
	(ii)	712,415	611,975	129,305	117,250	12,921	1,583,866	0
MICHAEL SLUBOWSKI	(i)	0	0	0	0	0	0	0
	(ii)	696,108	681,725	240,008	125,922	28,467	1,772,230	94,766
RICHARD O'CONNELL	(i)	0	0	0	0	0	0	0
	(ii)	440,925	0	54,218	11,123	0	506,266	0
PAUL E MILLER MD	(i)	273,823	36,697	649	12,074	31,206	354,449	0
	(ii)	0	0	0	0	0	0	0
F MONCRIEF DOBSON MD	(i)	294,864	0	1,295	26,725	26,229	349,113	0
	(ii)	0	0	0	0	0	0	0
MARTIN WIESCHHAUS MD	(i)	264,061	0	602	23,570	22,037	310,270	0
	(ii)	0	0	0	0	0	0	0
THOMAS PERUMPILLYKADAN VARIED MD	(i)	231,710	31,448	288	9,911	21,225	294,582	0
	(ii)	0	0	0	0	0	0	0
HOSAM NASRI KHAYAL MD	(i)	228,520	31,448	288	12,058	25,881	298,195	0
	(ii)	0	0	0	0	0	0	0
THOMAS F LAVELLE MD	(i)	0	0	0	0	0	0	0
	(ii)	0	0	226,706	500	11,376	238,582	225,751
CHRISTOPHER J KARAM	(i)	141,893	0	117	8,279	19,446	169,735	0
	(ii)	0	0	0	0	0	0	0
ROBERT SINK	(i)	0	0	0	0	0	0	0
	(ii)	120,549	0	135	9,170	14,283	144,137	0



Software ID:

Software Version:

EIN: 35-0868157

Name: SAINT JOSEPH REGIONAL MEDICAL CENTER-  
SOUTH BEND CAMPUS INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
CLR Investments LLC 120 W HARRIS ST CADILLAC, MI 49601 32-0008631	Real estate rental & development	MI	19,827	175,469	Trinity Health-Michigan
Saint Agnes Home Health and Hospice LLC 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	Provide home health services	CA	9,367,604	1,116,725	Trinity Home Health Services Inc
Saint Mary's Pharmacy LLC 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503 38-3404443	Pharmacy	MI	0	0	Trinity Health-Michigan
Mount Carmel HealthProviders Two LLC 6150 E BROAD STREET COLUMBUS, OH 43213 20-1983271	MEDICAL SERVICES	OH	0	0	MOUNT CARMEL HEALTH PROVIDERS INC
PATHWAY HOSPICE LLC 1050 SW 3RD AVE SUITE 1600 ONTARIO, OR 97914 93-1310235	HOSPICE CARE	OR	1,273,503	1,512,716	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
TRINITY HEALTH-WARDE LAB LLC 34605 W TWELVE MILE ROAD FARMINGTON HILLS, MI 48331 27-2681908	REAL ESTATE RENTAL	DE	0	0	TRINITY HEALTH - MICHIGAN
MOUNT CARMEL HEALTH PROVIDERS III LLC 10 West Broad St Ste 2100 COLUMBUS, OH 43215 20-4145781	MEDICAL SERVICES	OH	1,741,059	6,043	MOUNT CARMEL HEALTH PROVIDERS INC

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
AMICARE HOSPICE SERVICES INC  27870 CABOT DRIVE NOVI, MI483772920 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC
AUXILIARY OF HOLY ROSARY HOSPITAL  351 SW 9TH STREET ONTARIO, OR97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
BATTLE CREEK HEALTH SYSTEM  300 NORTH AVENUE BATTLE CREEK, MI49016 38-2776791	HEALTHCARE SERVICES	MI	501(C)(3)	3	TRINITY HEALTH - MICHIGAN
BATTLE CREEK HEALTH SYSTEM AUXILIARY  300 NORTH AVENUE BATTLE CREEK, MI49016 38-3355520	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MI	501(C)(3)	11, TYPE I	BATTLE CREEK HEALTH SYSTEM
BAUM HARMON MERCY HOSPITAL  255 NORTH WELCH AVENUE PRIMGHAR, IA51245 42-1500277	Acute/Ambulatory healthcare services	IA	501(C)(3)	3	Mercy Health Services-Iowa Corp
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION  255 NORTH WELCH AVENUE PRIMGHAR, IA51245 26-2973307	Support the services of related hospital	IA	501(C)(3)	11, TYPE I	Baum Harmon Mercy Hospital
CAPITAL PARK FAMILY HEALTH CENTER INC  6150 EAST BROAD STREET COLUMBUS, OH43213 31-1387838	Operation of a federally qualified health center (formerly)	OH	501(C)(3)	3	Mount Carmel Health System
CATHERINE MCAULEY HEALTH SERVICES CORP  PO BOX 995 ANN ARBOR, MI48106 38-2507173	Further Trinity Health activities, organize and develop medical services	MI	501(C)(3)	11, TYPE II	Trinity Health-Michigan
Cranbrook Hospice Care  281 ENTERPRISE COURT BLOOMFIELD HILLS, MI48302 38-3320699	Provide hospice health services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Diley Ridge Medical Center  6150 EAST BROAD STREET COLUMBUS, OH43213 34-2032340	Hospital campus in Fairfield County Ohio	OH	501(C)(3)	3	Mount Carmel Health System
Dubuque Mercy Health Foundation Inc  250 MERCY DRIVE DUBUQUE, IA52001 26-2227941	Support the services of related hospital	IA	501(C)(3)	11, TYPE I	Mercy Health Services-Iowa Corp
Dyersville Health Foundation Inc  1111 3RD STREET SW DYERSVILLE, IA52040 20-5383271	Support the services of related hospital	IA	501(C)(3)	11, TYPE I	Mercy Health Services-Iowa Corp
Hackley Hospital  1700 CLINTON ST PO BOX 3302 MUSKEGON, MI494433302 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	3	Mercy Health Partners
Hackley Hospital Self Insurance Professional Liability Trust  PO BOX 3302 MUSKEGON, MI494433302 38-2299878	Self insurance for general and malpractice liability	MI	501(C)(3)	11, TYPE III-FI	Mercy Health Partners
Hackley Life Counseling  1352 TERRACE ST MUSKEGON, MI494423545 38-1386362	Counseling, education, and support	MI	501(C)(3)	9	Mercy Health Partners
Hackley Visiting Nurse Services and Hospice Inc  888 TERRACE ST MUSKEGON, MI49440 38-1359598	Provide home health care services	MI	501(C)(3)	7	Mercy Health Partners
Holy Cross Carenet Inc  PO BOX 9184 FARMINGTON HILLS, MI48333 52-1945054	Long-term care and rehabilitation for the elderly	MD	501(C)(3)	9	Trinity Continuing Care Services
Holy Cross Hospital Foundation Inc  11801 TECH ROAD SILVER SPRING, MD20904 20-8428450	Charitable fundraising	MD	501(C)(3)	11, TYPE I	Holy Cross Hospital of Silver Spring Inc
Holy Cross Hospital of Silver Spring Inc  1500 FOREST GLEN RD SILVER SPRING, MD209101484 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	3	Trinity Health Corporation
Holy Cross Medical Center  27870 CABOT DRIVE NOVI, MI483772920 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	3	Trinity Health Corporation
HOLY ROSARY MEDICAL CENTER FOUNDATION  351 SW 9TH STREET ONTARIO, OR97914 20-2683560	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
Hospice of North Iowa  232 SECOND STREET SE MASON CITY, IA504016208 42-1173708	Hospice health care services	IA	501(C)(3)	7	Mercy Health Services-Iowa Corp
Hospice of Washtenaw II  806 AIRPORT BLVD ANN ARBOR, MI48108 38-3320707	Hospice health care services	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
HCN  1675 LEAHY STREET MUSKEGON, MI49442 30-0207909	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE II	Mercy Health Partners
Lakeshore Community Hospital Inc  72 S STATE STREET SHELBY, MI494551228 38-2549295	Acute healthcare services	MI	501(C)(3)	3	Mercy Health Partners
Lifespan Inc  166 EAST GOODALE AVE BATTLE CREEK, MI490372728 38-3298476	Provide hospice health services	MI	501(C)(3)	9	Battle Creek Health System
Marian Home Healthcare  801 5TH STREET SIOUX CITY, IA51101 38-3320705	Provide home health care services	IA	501(C)(3)	11, TYPE I	Mercy Health Services-Iowa Corp
McAuley Clinic Corporation  PO BOX 992 ANN ARBOR, MI48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	3	Catherine McAuley Health Services Corp
Mercy Amicare Home Healthcare Oakland  281 ENTERPRISE COURT BLOOMFIELD HILLS, MI483020312 38-3320698	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Amicare Home Healthcare Port Huron  2540 16TH STREET PORT HURON, MI48060 38-3320701	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc

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
Mercy Community Physicians  363 FREMONT ST BATTLE CREEK, MI49017 26-4252468	HEALTHCARE SERVICES	MI	501(C)(3)	3	Battle Creek Health System
Mercy General Health Partners Amicare Homecare  684 HARVEY STREET MUSKEGON, MI49442 38-3321856	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Health Partners  1415 LEAHY STREET MUSKEGON, MI49442 38-2589966	Healthcare system support	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Health Services - Iowa Corp  1000 4TH STREET SW MASON CITY, IA50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	Trinity Health-Michigan
Mercy Healthcare Foundation  1410 N 4TH ST CLINTON, IA52732 42-1316126	Fundraising and financial assistance for hospital charitable services	IA	501(C)(3)	11, TYPE I	Mercy Medical Center-Clinton
Mercy Hosp & Health Services of DetroitMarshall Park Health Services Inc  27870 CABOT DRIVE NOVI, MI483772920 38-1562325	Supports malpractice contingencies of closed hospital	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Hospital Cadillac Foundation  400 HOBART CADILLAC, MI496012331 20-3357131	Support the services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Hospital Gift Shop  2601 ELECTRIC AVE PORT HURON, MI48060 38-1630480	Volunteer Service Auxiliary	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
Mercy Medical Center - Clinton Inc  1410 NORTH 4TH ST CLINTON, IA527322940 42-1336618	To provide quality health care	DE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Mercy Medical Center - Sioux City Foundation  801 5TH STREET SIOUX CITY, IA51102 14-1880022	Support the services of related hospital	IA	501(C)(3)	7	Mercy Health Services-Iowa Corp
Mercy Medical Center Foundation - North Iowa  1000 4TH STREET SW MASON CITY, IA504012800 42-1229151	Support the services of related hospital	IA	501(C)(3)	11, TYPE III-FI	Mercy Health Services-Iowa Corp
MERCY MEDICAL CENTER FOUNDATION INC  1512 12TH AVENUE ROAD NAMPA, ID83686 26-1737256	SUPPORT THE SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
Mercy North Homecare and Hospice  7985 MACKINAW TRAIL CADILLAC, MI49601 38-3313897	Home health and hospice services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Mercy Pavilion of Battle Creek  300 NORTH AVENUE BATTLE CREEK, MI49016 38-2783350	Provides long-term care for the elderly	MI	501(C)(3)	9	Battle Creek Health System
MERCY PHYSICIAN GROUP INC  1512 12TH AVENUE ROAD NAMPA, ID83686 20-8192593	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA
Mercy Services for Aging Non-profit Housing Corporation  PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2719605	Provides long-term care for the elderly	MI	501(C)(3)	11, TYPE II	Trinity Continuing Care Services Inc
Midwest Medflight  1300 VICTORS WAY ANN ARBOR, MI48108 38-2684671	Aeromedical transport	MI	501(C)(3)	9	Trinity Health-Michigan
Mount Carmel Care Continuum Services Corp  793 WEST STATE STREET COLUMBUS, OH43222 31-1126211	Cooperative hospital service organization	OH	501(C)(3)	3	Mount Carmel Health System
Mount Carmel College of Nursing  6150 EAST BROAD STREET COLUMBUS, OH43213 31-1308555	College of nursing	OH	501(C)(3)	2	Mount Carmel Health
Mount Carmel Health  6150 EAST BROAD STREET COLUMBUS, OH43213 31-4379602	HEALTHCARE SERVICES	OH	501(C)(3)	3	Mount Carmel Health System
Mount Carmel Health Insurance Company  6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781	Health Insurance	OH	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health Plan Inc  6150 EAST BROAD STREET COLUMBUS, OH43213 31-1471229	Medicare HMO for seniors	OH	501(C)(4)	N/A	Mount Carmel Health System
Mount Carmel Health System  6150 EAST BROAD STREET COLUMBUS, OH43213 31-1439334	Healthcare system management and support	OH	501(C)(3)	11, TYPE I	Trinity Health Corporation
MOUNT CARMEL HEALTH SYSTEM FOUNDATION  6150 EAST BROAD STREET COLUMBUS, OH43213 31-1113966	SUPPORT THE SERVICES OF RELATED HOSPITAL	OH	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM
Mount Carmel Home Care LLC  1144 DUBLIN ROAD SUITE B COLUMBUS, OH43215 26-2729300	Provide home health care services	OH	501(C)(3)	9	Trinity Home Health Services Inc
Mount Carmel New Albany Surgical Hospital  7333 SMITHS MILL RD NEW ALBANY, OH43054 87-0790288	HEALTHCARE SERVICES	OH	501(C)(3)	3	Mount Carmel Health System
MRI Mobile Services of West Michigan  1820 - 44TH STREET KENTWOOD, MI49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	Trinity Health-Michigan
MUSKEGON COMMUNITY HEALTH PROJECT  565 W WESTERN AVENUE MUSKEGON, MI49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS
Oakland Mercy Hospital  601 EAST 2ND STREET OAKLAND, NE68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	3	Mercy Health Services-Iowa Corp
Port Huron Mercy Family Care Inc  2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan

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
Professional Med Team  965 FORK STREET MUSKEGON, MI494423257 38-2638284	Medical care, transportation and education	MI	501(C)(3)	9	Trinity Health-Michigan
Professional Office Corporation  1303 EAST HERNDON AVE FRESNO, CA93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	Saint Agnes Medical Center
Saint Agnes Medical Center  1303 EAST HERNDON AVE FRESNO, CA93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	3	Trinity Health Corporation
Saint Alphonsus Building Company Inc  1055 NORTH CURTIS RD BOISE, ID83706 82-0401011	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc
Saint Alphonsus Diversified Care Inc  1055 NORTH CURTIS RD BOISE, ID83706 94-3028978	Supports services of related hospital	ID	501(C)(3)	11, TYPE I	Saint Alphonsus Regional Medical Center Inc
SAINT ALPHONSUS HEALTH SYSTEM INC  1055 N CURTIS ROAD BOISE, ID83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY  3325 POCAHONTAS ROAD BAKER CITY, OR97814 27-1790052	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC
SAINT ALPHONSUS MEDICAL CENTER-NAMPA  1512 12TH AVENUE ROAD NAMPA, ID83686 82-0200896	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO  351 SW 9TH STREET ONTARIO, OR97914 27-1789847	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC
Saint Joseph Regional Medical Center - Plymouth Campus Inc  1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN46563 35-1142669	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Saint Joseph Regional Medical Center - South Bend Campus Inc  PO BOX 1935 SOUTH BEND, IN466341935 35-0868157	Healthcare services	IN	501(C)(3)	3	Saint Joseph Regional Medical Center Inc
Saint Joseph Regional Medical Center Inc  801 EAST LASALLE AVE SOUTH BEND, IN46617 35-1568821	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	Trinity Health Corporation
Saint Joseph's Auxiliary of Marshall County  1915 LAKE AVENUE PLYMOUTH, IN46563 35-6043563	Hospital Service Auxiliary	IN	501(C)(3)	11, TYPE II	Saint Joseph Regional Medical Center - Plymouth Campus Inc
Saint Joseph's Tower Inc  PO BOX 9184 FARMINGTON HILLS, MI483339184 31-1040468	Provides housing for low income elderly individuals	IN	501(C)(3)	9	Trinity Continuing Care Services-Indiana
Saint Mary's Amicare Home Healthcare  1430 MONROE NW GRAND RAPIDS, MI48905 38-3320700	Provide home health care services	MI	501(C)(3)	11, TYPE I	Trinity Home Health Services Inc
Saint Mary's Doran Foundation CO Saint Mary's Health Care  200 JEFFERSON ST SE GRAND RAPIDS, MI49503 38-1779602	Supports services of related hospital	MI	501(C)(3)	7	Trinity Health-Michigan
St Alphonsus Regional Medical Center  1055 NORTH CURTIS RD BOISE, ID83706 82-0200895	Healthcare services	ID	501(C)(3)	3	Trinity Health Corporation
St John's Health System  27870 CABOT DRIVE NOVI, MI483772920 35-0877584	HEALTHCARE SERVICES (FORMERLY)	IN	501(C)(3)	3	Trinity Health Corporation
St Joseph Mercy Oakland Foundation  44405 WOODWARD AVE PONTIAC, MI48341 35-2356789	Supports services of related hospital	MI	501(C)(3)	11, TYPE I	Trinity Health-Michigan
St Ann's Hospital  500 SOUTH CLEVELAND AVE WESTERVILLE, OH43081 31-4412701	HEALTHCARE SERVICES	OH	501(C)(3)	3	Mount Carmel Health System
ST ELIZABETH HEALTH CARE FOUNDATION  3325 POCAHONTAS ROAD BAKER CITY, OR97814 94-3164869	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO
St Joseph's Medical Center Auxiliary  801 E LASALLE AVE PO BOX 1935 SOUTH BEND, IN466341935 35-6033285	Hospital Service Auxiliary	IN	501(C)(4)	N/A	Saint Joseph Regional Medical Center - South Bend Campus Inc
The Foundation of Saint Joseph Regional Medical Center  4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543	Supports services of related hospital	IN	501(C)(3)	11, TYPE I	Saint Joseph Regional Medical Center Inc
Trinity Continuing Care Services  PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2559656	Management services for Long term care and senior living facilities	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
Trinity Continuing Care Services - Indiana Inc  PO BOX 9184 FARMINGTON HILLS, MI483339184 93-0907047	Provides long-term care and residential housing	IN	501(C)(3)	9	Trinity Continuing Care Services
Trinity Health - Michigan  27870 CABOT DRIVE NOVI, MI483772920 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	Trinity Health Corporation
Trinity Health Corporation  27870 CABOT DRIVE NOVI, MI483772920 35-1443425	Healthcare system management and support	IN	501(C)(3)	11, TYPE I	N/A
Trinity Health International  27870 CABOT DRIVE NOVI, MI483772920 42-1253527	Healthcare training and support services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation
Trinity Health Welfare Benefit Trust  27870 CABOT DRIVE NOVI, MI483772920 20-8151733	Retiree medical and retiree life insurance coverage	MI	501(C)(9)	N/A	Trinity Health Corporation
Trinity Home Health Services Inc  17410 COLLEGE PARKWAY LIVONIA, MI48152 38-2621935	Home health care system management services	MI	501(C)(3)	11, TYPE I	Trinity Health Corporation

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK  5352 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No
ADVENT REHABILITATION LLC  560 FIFTH ST NW STE 404 GRAND RAPIDS, MI49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A	N/A				No			No
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
BSV MEDICAL OFFICE BUILDING II LLC  855 M STREET TENTH FLOOR FRESNO, CA93721 20-2673839	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A				No			No
CCH LABORATORY  775 SOUTH MAIN STREET CHELSEA, MI48118 38-2910400	LABORATORY	MI	N/A	N/A				No			No
CENTRAL OHIO SLEEP MEDICINE LTD  5955 EAST BROAD ST COLUMBUS, OH43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A	N/A				No			No
CLINTON IMAGING SERVICES LLC  1410 NORTH 4TH ST CLINTON, IA52732 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A				No			No
FOREST PARK IMAGING LLC  1000 4TH STREET SW MASON CITY, IA50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No
FRANCES WARDE MEDICAL LABORATORY  300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446	LABORATORY	MI	N/A	N/A				No			No
FRESNO IMAGING CENTER  1303 E HERNDON AVE FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No
HAWARDEN COMMUNITY CLINIC LLC  1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No
IDAHO GYNONCOLOGY SERVICES LLC  1055 N CURTIS RD BOISE, ID83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			No
MAGNETIC RESONANCE SERVICES PARTNERSHIP  1416 SIXTH STREET SW MASON CITY, IA50401 42-1328388	MRI SERVICES	IA	N/A	N/A				No			No
MASON CITY AMBULATORY SURGERY CENTER LLC  990 4TH STREET SW MASON CITY, IA50401 20-1960348	SURGERY-SAME DAY	IA	N/A	N/A				No			No
MCE MOB IV LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
MCMC POB III LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
MEDILUCENT MOB I  793 W STATE STREET COLUMBUS, OH43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
MERCY HEART CTR OP SERVICES LLC  1000 4TH STREET SW MASON CITY, IA50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No
MERCY OUTPATIENT SURGERY CENTER LLC  1512 12TH AVENUE ROAD NAMPA, ID83686 84-1380439	OUTPATIENT SURGERY	ID	N/A	N/A				No			No
MICHIANA HEALTH INFORMATION NETWORK LLC  215 WEST MADISON STREET SOUTH BEND, IN46601 35-2050128	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A				No			No
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
NEWCO AMBULATORY SURGERY CTR LLP  4190 24TH AVENUE FORT GRATIOT, MI48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No
PLAZA SURGICAL CENTER  PO BOX 27230 FRESNO, CA93729 37-1463357	AMBULATORY SURGERY	CA	N/A	N/A				No			No
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 31-1531135	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
SARMED OUTPATIENT PHARMACY LLC  999 N CURTIS RD STE 102 BOISE, ID83706 51-0483218	PHARMACY	ID	N/A	N/A				No			No
SIXTY FOURTH STREET LLC  2373 64TH ST STE 2200 BYRON CENTER, MI49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No
ST ALPHONSUS CALDWELL CANCER CTR LLC  3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
TAMARACK MEDICAL CLINIC LLC  610 VILLAGE DRIVE DONNELLY, ID83615 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP  793 W STATE STREET COLUMBUS, OH43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
WOODLAND IMAGING CENTER LLC  5301 E HURON RIVER DR ANN ARBOR, MI48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI49440 38-3522260	SOFTWARE MARKETING	MI	N/A	C			
GENERAL HEALTHCORP VENTURES INC 1820-44TH STREET KENTWOOD, MI49508 38-2533165	MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C			
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C			
HACKLEY ORTHOTICS & PROSTHETICS 1415 LEAHY ST MUSKEGON, MI49442 38-2999815	HEALTHCARE SERVICES	MI	N/A	C			
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C			
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI49442 38-2447870	PHARMACY	MI	N/A	C			
HEF INC 1415 LEAHY ST MUSKEGON, MI49442 38-3086401	OFFICE STAFFING	MI	N/A	C			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD20904 52-1986562	HOME CARE SERVICES	MD	N/A	C			
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C			
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C			
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C			
MICHIGAN PHYSICIAN SERVICES 44405 WOODWARD AVENUE H-5 PONTIAC, MI48341 38-3293125	PHYSICIAN SERVICES	MI	N/A	C			
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI49546 38-2647304	ATHLETIC CLUB	MI	N/A	C			
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-0971510	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C			
MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1177652	MEDICAL SERVICES/RENT	OH	N/A	C			
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1382442	MEDICAL SERVICES	OH	N/A	C			
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA50401 42-1382308	MEDICAL SERVICES	IA	N/A	C			
PRIMARY CARE NETWORK OF OHIO INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1422486	HEALTH MANAGEMENT SERVICES	OH	N/A	C			
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA93729 77-0395267	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED SUBSTANTIALLY ALL OPERATIONS	CA	N/A	C			
SAINT ALPHONSUS PHYSICIAN SERVICES INC 1055 NORTH CURTIS ROAD BOISE, ID83706 82-0477852	PHYSICIAN CLINICS	ID	N/A	C			
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID837061370 33-1078261	PHYSICIANS	ID	N/A	C			
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI49546 38-3450733	ATHLETIC CLUB	MI	N/A	C			
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C			
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 38-3410377	GRANTOR TRUST	MI	N/A	T			
TRINITY HEALTH SELF-INSURANCE PLAN 27870 CABOT DRIVE NOVI, MI483772920 38-6742154	GRANTOR TRUST	MI	N/A	T			
TRINITY HEALTH SELF-INSURED WORKERS' COMPENSATION FUND 27870 CABOT DRIVE NOVI, MI483772920 38-6742157	GRANTOR TRUST	MI	N/A	T			
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C			
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) SAINT JOSEPH REGIONAL MEDICAL CENTER INC	R	84,160
(2) SAINT JOSEPH REGIONAL MEDICAL CENTER INC	C	31,413,238
(3) SAINT JOSEPH REGIONAL MEDICAL CENTER INC	J	604,806
(4) SAINT JOSEPH REGIONAL MEDICAL CENTER INC	L	43,254,295
(5) SAINT JOSEPH REGIONAL MEDICAL CENTER INC	O	8,445,678
(6) SAINT JOSEPH REGIONAL MEDICAL CENTER INC	P	235,971
(7) SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	K	53,020
(8) TRINITY HEALTH CORPORATION	P	69,947
(9) TRINITY HEALTH CORPORATION	Q	2,369,813
(10) MOUNT CARMEL HEALTH SYSTEM	L	640,262
(11) TRINITY HEALTH CORPORATION	E	90,000,000