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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
ST JOSEPH HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 HEMLOCK STREET

City or town, state or country, and ZIP + 4
TAWAS CITY, MI 48763

D Employer identification number
38-1443395

E Telephone number
(989) 362-0181

G Gross receipts $ 59,639,634

F Name and address of principal officer
LINDA STANCILL
200 HEMLOCK STREET
TAWAS CITY, MI 48763

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SJHSYS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AS A CATHOLIC HEALTH MINISTRY OF THE CHURCH ST JOSEPH HEALTH SYSTEM MISSION IS TO "PROVIDE SPIRITUALLY CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES " THIS INCLUDES ACTING AS ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND WORDS A UNIVERSAL TENET OF CATHOLIC HEALTH ORGANIZATIONS' MISSION STATEMENTS IS CARE FOR ALL PERSONS, ESPECIALLY THE POOR AND VULNERABLE THE CALL TO BRING GOD'S HEALING TO PERSONS IN NEED IS WHAT COMPELLED THE FOUNDERS OF VARIOUS ORGANIZATIONS TO VENTURE OUT INTO PARTS OF THIS NATION THAT, UNTIL THEIR ARRIVAL, HAD BEEN SORELY UNDERSERVED FOR MORE THAN 250 YEARS, (1953 - 2011 ST JOSEPH HEALTH SYSTEM) CATHOLIC HEALTH CARE IN THE UNITES STATES HAS BEEN DRIVEN BY THAT SAME CALL AND HAS GROWN IN WAYS THAT COULD NOT HAVE BEEN IMAGINED

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	642
6	Total number of volunteers (estimate if necessary)	**6**	202
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	374,507
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-7,276

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	163,480	203,266
	9 Program service revenue (Part VIII, line 2g)	58,936,365	56,709,883
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,831,455	2,092,915
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	528,912	503,964
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,797,302	59,510,028
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	40,860	8,709
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,753,274	30,515,697
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶122,478		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	27,863,865	27,296,308
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	58,657,999	57,820,714
	19 Revenue less expenses Subtract line 18 from line 12	-860,697	1,689,314

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	49,337,171	50,718,767
	21 Total liabilities (Part X, line 26)	29,830,434	28,690,451
	22 Net assets or fund balances Subtract line 21 from line 20	19,506,737	22,028,316

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-04-27

LINDA STANCILL CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
	2011-05-11		

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

AS A CATHOLIC HEALTH MINISTRY OF THE CHURCH ST JOSEPH HEALTH SYSTEM MISSION IS TO "PROVIDE SPIRITUALLY CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES " THIS INCLUDES ACTING AS ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND WORDS A UNIVERSAL TENET OF CATHOLIC HEALTH ORGANIZATIONS' MISSION STATEMENTS IS CARE FOR ALL PERSONS, ESPECIALLY THE POOR AND VULNERABLE THE CALL TO BRING GOD'S HEALING TO PERSONS IN NEED IS WHAT COMPELLED THE FOUNDERS OF VARIOUS ORGANIZATIONS TO VENTURE OUT INTO PARTS OF THIS NATION THAT, UNTIL THEIR ARRIVAL, HAD BEEN SORELY UNDERSERVED FOR MORE THAN 250 YEARS, (1953 - 2011 ST JOSEPH HEALTH SYSTEM) CATHOLIC HEALTH CARE IN THE UNITES STATES HAS BEEN DRIVEN BY THAT SAME CALL AND HAS GROWN IN WAYS THAT COULD NOT HAVE BEEN IMAGINED

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 $ 43,579,888 including grants of $ 8,709) (Revenue $ 56,709,883)

ST JOSEPH HEALTH SYSTEM (SJHS) PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TO THE ELDERLY AND POOR DURING THE FISCAL YEAR ENDING JUNE 30, 2010, APPROXIMATELY 53% OF THE VALUE OF SERVICES RENDERED WERE TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND APPROXIMATELY 14% OF THE SERVICES WERE PROVIDED TO PATIENTS WHO WERE DEEMED ELIGIBLE UNDER STATE, COUNTY, OR HEALTH SYSTEM FINANCIAL ASSISTANCE GUIDELINES

4b (Code) (Expenses $ including grants of $) (Revenue $)

COMMUNITY BENEFITS ARE PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS IN EFFORTS TO PROMOTE HEALTHY LIVING, ST JOSEPH HEALTH SYTEM HAS MADE AVAILABLE THE FOLLOWING PROGRAMS TO THE COMMUNITY SEE SCHEDULE H DURING THE FISCAL YEAR ENDING JUNE 30, 2010, OUR HOSPITAL TREATED 2,589 INPATIENT ADULTS AND CHILDREN IN THE COMMUNITY FOR A TOTAL OF 6,540 PATIENT DAYS OF SERVICE THE HOSPITAL ALSO PROVIDED SERVICES TO 211,176 OUTPATIENTS, INCLUDING 3,214 OUTPATIENT SURGERY PATIENTS, 14,858 EMERGENCY ROOM VISITS, 15,005 HOMEBOUND VISITS, AND 5,677 HOSPICE DAYS

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** ▶ $ 43,579,888

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	91		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	642		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		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 ▶ _____ 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			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
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 14		
b	Enter the number of voting members that are independent . .	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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

LINDA STANCILL
200 HEMLOCK STREET
TAWAS CITY, MI 48763
(989) 362-9303

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

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

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

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

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

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

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

1b Total . . . . . ▶	3,179,697		228,024

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 ▶ 24

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EPMG OF MICHIGAN PC 2000 GREEN ROAD SUITE 300 ANN ARBOR, MI 48105	ER PHYSICIANS	2,023,126
AHSA LLC PO BOX 945 TRAVERSE CITY, MI 48685	SURGICAL STAFF	438,886
MEDSERV PLUS INC PO BOX 45 E PALESTINE, OH 44413	BIOMEDICAL MAIN	369,384
GENTIVA HEALTH SERV PO BOX 277950 ATLANTA, GA 30384	BILLING SERVICE	330,387
B & B GENERAL CONTRACTING INC PO BOX 245 OSCODA, MI 48750	CONSTRUCTION	234,322
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 ▶ 11		

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	8,709	8,709		
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	1,668,325	637,319	1,031,006	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,910,402	18,959,597	4,870,189	80,616
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,162,372	581,212	574,877	6,283
9 Other employee benefits	2,098,704	1,665,486	428,560	4,658
10 Payroll taxes	1,675,894	1,329,953	342,236	3,705
11 Fees for services (non-employees)				
a Management	236,355		236,355	
b Legal	139,032	2,491	135,926	615
c Accounting	58,507		55,307	3,200
d Lobbying	14,694		14,694	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	6,681,945	3,890,436	2,786,600	4,909
12 Advertising and promotion	155,645	27,216	128,429	
13 Office expenses	1,387,719	772,177	606,362	9,180
14 Information technology				
15 Royalties				
16 Occupancy	1,498,915	1,056,293	438,660	3,962
17 Travel	200,725	198,070	2,575	80
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	138,579	52,531	84,153	1,895
20 Interest	624,828	35,582	589,246	
21 Payments to affiliates	487,304		487,304	
22 Depreciation, depletion, and amortization	3,019,084	2,182,882	834,371	1,831
23 Insurance	294,358	263,259	31,099	
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 MEDICAL SUPPLIES	7,007,138	6,994,885	12,253	
b BAD DEBT	3,959,030	3,959,030		
c MAINTENANCE & REPAIRS	975,543	817,570	157,973	
d OTHER EXPENSE	319,812	76,197	242,071	1,544
e RECRUITMENT	97,095	68,993	28,102	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	57,820,714	43,579,888	14,118,348	122,478
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,942,372	1	745,599
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		35,701	3	18,963
	4	Accounts receivable, net		3,696,187	4	3,822,321
	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		97,042	7	79,378
	8	Inventories for sale or use		1,465,100	8	1,420,622
	9	Prepaid expenses and deferred charges		1,442,268	9	1,554,861
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 53,518,147			
	b	Less accumulated depreciation	10b 32,670,144	22,802,904	10c	20,848,003
	11	Investments—publicly traded securities		12,525,735	11	19,033,040
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,329,862	15	3,195,980
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		49,337,171	16	50,718,767
Liabilities	17	Accounts payable and accrued expenses		8,820,504	17	8,440,876
	18	Grants payable			18	
	19	Deferred revenue			19	
	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	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		21,009,930	25	20,249,575
	26	**Total liabilities.** Add lines 17 through 25		29,830,434	26	28,690,451
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		18,334,842	27	20,799,572
	28	Temporarily restricted net assets		1,171,895	28	1,228,744
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		19,506,737	33	22,028,316
	34	Total liabilities and net assets/fund balances		49,337,171	34	50,718,767

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
ST JOSEPH HEALTH SYSTEM	38-1443395

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		

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? ☐ Yes ☑ No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		7,632
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		7,062
j	Total lines 1c through 1i			14,694
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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
	SCHEDULE C, PART II-B, LINE 1I	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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		1,492,993		1,492,993
b Buildings		22,889,498	12,780,968	10,108,530
c Leasehold improvements		181,158	173,510	7,648
d Equipment		24,330,356	16,840,718	7,489,638
e Other		4,624,142	2,874,948	1,749,194
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				20,848,003

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

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

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

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

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

(a) Description	(b) Book value
AMOUNTS DUE FROM 3RD PARTY PAYORS	1,322,905
OTHER RECEIVABLES	1,144,967
DEFERRED COMPENSATION ASSET	676,312
INTERCOMPANY RECEIVABLES (SJHE)	32,351
INVESTMENT IN UNCONSOLIDATED ENTITY	19,445
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,195,980

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY DEBT TO ASCENSION HEALT	19,103,600
GENERAL RESERVES	735,157
SELF INSURANCE LIABILITY	210,828
OBLIGATION UNDER CAPTIAL LEASE - AH	199,990
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	20,249,575

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
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				
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**				
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				
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:**				
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
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	PER THE FINANCIAL STATEMENTS OF ASCENSION HEALTH (WHICH INCLUDES THE ACTIVITY OF ST JOSEPH HEALTH SYSTEM), THERE IS NO ASC 740 FOOTNOTE FOR THE CURRENT YEAR

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			376,545		376,545	0 700 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			8,031,723	6,607,656	1,424,067	2 640 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			8,408,268	6,607,656	1,800,612	3 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	5	3,308	469,987		469,987	0 860 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			208,588	148,607	59,981	0 110 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	10	1,670	14,621		14,621	0 030 %
j **Total** Other Benefits	15	4,978	693,196	148,607	544,589	1 000 %
k **Total.** Add lines 7d and 7j	15	4,978	9,101,464	6,756,263	2,345,201	4 340 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1		8,515	3,115	5,400	0 010 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	1		8,515	3,115	5,400	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,040,572		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	785,175		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	21,337,848
6	Enter Medicare allowable costs of care relating to payments on line 5	6	18,165,837
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	3,172,011
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST JOSEPH HEALTH SYSTEM 200 HEMLOCK STREET TAWAS CITY,MI 48763					X				
ST JOSEPH PEDIATRIC CLINIC 325 M-55 TAWAS CITY,MI 48763									
OSCODA HEALTH PARK 5939 N HURON RD OSCODA,MI 48750									
HURON FAMILY MEDICINE 700 GERMAN STREET TAWAS CITY,MI 48763									
HALE ST JOSEPH MEDICAL CLINIC 116 S CHURCH STREET HALE,MI 48739									
AUSABLE VALLEY HEALTH CENTER 1392 MAPLE DRIVE FAIRVIEW,MI 48621									
ST JOSEPH WOMENS CLINIC 25 M-55 TAWAS CITY,MI 48763									
AUGRES FAMILY CLINIC 302 S MAIN AUGRES,MI 48703									
GREAT LAKES FAMILY MEDICINE 106 DIVISION OSCODA,MI 48750									
MEDICAL ARTS BUILDING 295 MAPLE STREET TAWAS CITY,MI 48763									
WOMEN'S CLINIC - WEST BRANCH 621 COURT STREET SUITE 105 WEST BRANCH,MI 48661									
HURON SHORES WALK-IN CLINIC 1691 E US-23 EAST TAWAS,MI 48730									
HURON PROFESSIONAL BUILDING 716 GERMAN STREET TAWAS CITY,MI 48763									
HARBOR HEALTH CENTER 110 BEECH STREET TAWAS CITY,MI 48763									
ST JOSEPH UROLOGY CLINIC 110 E STATE STREET EAST TAWAS,MI 48730									

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

ST JOSEPH HEALTH SYSTEM RELIES ON INFORMATION FROM ST JOSEPH HEALTH SYSTEM EMERGENCY DEPARTMENT PATIENTS, MICHIGAN STATISTICS - WWW AECF ORG/KIDSCOUNT, WWW MICHIGAN GOV/MDCH, HTTP //WWW CENSUS GOV, WWW MICHIGAN GOV/MDCH, WWW AECF ORG/KIDSCOUNT, HTTP //WWW DIABETERS ORG, WWW MICHIGAN GOV/MDCH, COMMUNITY HEALTH ASSESSMENT (ALCONA, IOSCO, OGEMAW, AND OSCODA COUNTIES) FEBRUARY 1996 - DEMOGRAPHICS PP 11-22 KEY FINDINGS, POPULATION, EDUCATIONAL ATTAINMENT, EMPLOYMENT AND INCOME, POVERTY, HOUSING, AND PUBLIC ASSISTANCE, CONCLUSION, MARKET SHARE DATA-THEIDSONLINE COM, COMMUNITY NEEDS ASSESSMENT ALCONA 2009

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

UPON ADMISSION TO ST JOSEPH HEALTH SYSTEM, ALL SELF-PAY PATIENTS SPEAK WITH AN ASSOCIATE REGARDING FINANCIAL ASSISTANCE THAT IS AVAILABLE TO THEM ASSOCIATES HELP THE PATIENT(S) DETERMINE ELIGIBILITY FOR VARIOUS GOVERNMENT BENEFITS AS WELL AS ST JOSEPH'S INTERNAL FINANCIAL ASSISTANCE PROGRAM SHOULD THE PATIENT(S) NOT BE CONSULTED UPON ADMISSION, A LETTER IS SENT WITH THEIR FIRST ITEMIZED BILLING DETAILING THE AVAILABLE FINANCIAL ASSISTANCE PROGRAMS

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 communites served

See additional data

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	ST JOSEPH HEALTH SYSTEM'S DIRECTOR OF COMMUNICATION & OUTREACH REVIEWS REQUESTS MADE BY INDIVIDUALS AND ORGANIZATIONS TO DETERMINE THE APPROPRIATENESS OF THE REQUEST TO ENSURE THAT IT FOCUSES ON BETTER SERVING THE HEALTHCARE NEEDS OF OUR COMMUNITY ST JOSEPH HEALTH SYSTEM ACTIVELY PROVIDES FUNDING AND RESOURCES TO PROMOTE HEALTH SCREENINGS, WELLNESS ACTIVITIES, AND VARIOUS OTHER HEALTH EDUCATION PROGRAMS IN COMMUNITIES WE SERVE, TARGETING SCHOOLS, WOMEN'S HEALTH SEMINARS, HEALTH & WELLNESS SCREENS, AS WELL AS THE GENERAL PUBLIC THE REQUESTING ORGANIZATION OR INDIVIDUAL IS TO PROVIDE THE HEALTH SYSTEM WITH AN APPROXIMATE NUMBER OF RECIPIENTS SERVED SO WE CAN TRACK THIS ON OUR COMMUNITY BENEFITS REPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PATRICK MURTHA	(i) (ii)	237,986	110,506	30,811	4,900	14,146	398,349	
NEELIMADEVI RYALI MD	(i) (ii)	176,013	123,518		4,900	9,228	313,659	
DONALD R ELLIS III MD	(i) (ii)	140,065	73,517		4,291	9,051	226,924	
LINDA STANCILL	(i) (ii)	141,230		100,661	30,958	11,161	284,010	
ANN BALFOUR	(i) (ii)	118,677		37,026	22,557	9,268	187,528	
DEBRA FOX	(i) (ii)	135,284		13,770	2,755	9,311	161,120	
JOHN BLOCKSOM	(i) (ii)	440,006			4,900	11,009	455,915	
DIANA ENNES MD	(i) (ii)	412,728		16,497	31,546	9,574	470,345	
RICHARD SCHULZ	(i) (ii)	308,757			4,900	9,465	323,122	
MICHAEL WAGNER	(i) (ii)	147,500	93,465		4,769	1,504	247,238	
EARL ELOWSKY MD	(i) (ii)	228,213			4,611	9,951	242,775	

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
COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION	SCHEDULE J, PAGE 1, PART I, LINE 5A	ST JOSEPH HEALTH SYSTEM OFFERS TO ITS PHYSICIANS AN INCENTIVE COMPENSATION BASED UPON ANNUAL COLLECTIONS PHYSICIANS SHALL BE ENTITLED TO AN ADDITIONAL INCENTIVE BONUS OF EIGHTY PERCENT OF COLLECTIONS IN EXCESS OF THE ANNUAL TARGET SJHS WILL DEVELOP A MONTHLY COLLECTIONS BUDGET, BASED ON THE PRACTICE'S HISTORICAL PERFORMANCE (INCLUDING SEASONAL FLUCTUATIONS IN COLLECTIONS), WITH TOTAL ANNUAL BUDGETED COLLECTIONS EQUAL TO THE ANNUAL TARGET "COLLECTIONS" ARE DEFINED AS ALL SUMS THAT SJHS COLLECTS FOR SERVICES PERSONALLY PERFORMED BY THE PHYSICIAN IN ANY SETTING AND FOR SERVICES PERSONALLY PERFORMED BY A MIDLEVEL PROVIDER ACTING UNDER PHYSICIAN'S SUPERVISION COLLECTIONS DO NOT INCLUDE HOSPITAL FACILITY FEES OR THE NON-PROFESSIONAL COMPONENT OF TESTS OR INJECTIONS ORDERED BY THE PHYSICIAN FOR CALENDAR YEAR 2009 WAGES WERE PAID BASED UPON THESE CONTINGENCIES TO THE FOLLOWING DONALD R ELLIS III, M D NEELIMADEVI RYALI, M D MICHAEL WAGNER, D O

Additional Data

Software ID:
Software Version:
EIN: 38-1443395
Name: ST JOSEPH HEALTH SYSTEM

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	AS A CATHOLIC HEALTH MINISTRY OF THE CHURCH ST JOSEPH HEALTH SYSTEM MISSION IS TO "PROVIDE SPIRITUALLY CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES " THIS INCLUDES ACTING AS ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND WORDS A UNIVERSAL TENET OF CATHOLIC HEALTH ORGANIZATIONS' MISSION STATEMENTS IS CARE FOR ALL PERSONS, ESPECIALLY THE POOR AND VULNERABLE THE CALL TO BRING GOD'S HEALING TO PERSONS IN NEED IS WHAT COMPELLED THE FOUNDERS OF VARIOUS ORGANIZATIONS TO VENTURE OUT INTO PARTS OF THIS NATION THAT, UNTIL THEIR ARRIVAL, HAD BEEN SORELY UNDERSERVED FOR MORE THAN 250 YEARS, (1953 - 2011 ST JOSEPH HEALTH SYSTEM) CATHOLIC HEALTH CARE IN THE UNITES STATES HAS BEEN DRIVEN BY THAT SAME CALL AND HAS GROWN IN WAYS THAT COULD NOT HAVE BEEN IMAGINED

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	ST JOSEPH HEALTH SYSTEM HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE ST JOSEPH HEALTH SYSTEM HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF THE ST JOSEPH HEALTH SYSTEM

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE NEW ORGANIZATIONS & MAJOR TRANSACTIONS, GOVERNING DOCUMENTS, APPOINTMENTS/REMOVALS, EVALUATION, DEBT LIMITS, STRATEGIC & FINANCIAL PLANS, ASSETS, SYSTEM POLICIES & PROCEDURES THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX

Identifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	YES

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	MANAGEMENT, INCLUDING CERTAIN OFFICER(S), WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER MANAGEMENT PRESENTS THE FORM TO THE BOARD, OR A DESIGNATED COMMITTEE, TO REVIEW AND ANSWER ANY QUESTIONS PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS QUESTIONS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION,THE CEO WAS COMPARED TO OTHER ORGANIZATIONS IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES THE INNDIVIDUAL WAS NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATIONS, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO OTHER ORGANIZATIONS' EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	PART VII, SEC A - COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES DONALD R ELLIS III, MD COMPENSATION REPORTED IN PART VII, SECTION A IS FOR SERVICES PROVIDED TO THE HOSPITAL IN HIS ROLE AS A PHYSICIAN NOT FOR HIS ROLE AS A TRUSTEE PART VII, SEC B - FIVE HIGHEST PAID INDEPENDENT CONTRACTORS THE AMOUNT REPORTED ON PART VII, SECTION B, AS PAYMENTS TO B & B GENERAL CONTRACTING REPRESENTS AMOUNTS PAID FOR BOTH SERVICES AND SUPPLIES THESE AMOUNTS ARE NOT EASILY BIFURCATED SUCH THAT ONLY COMPENSATION FOR SERVICES CAN BE REPORTED

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
38-1443395

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	HEALTHSYST	MO	501	11A	N/A
ST JOSEPH HEALTH SYSTEM FOUNDATION 200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISIN	MI	501	3	N/A

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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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
ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS, MI48764 38-2686747	OTHERMEDIC	MI	NA	C CORP	672,833	826,082	100 000 %
HEALTH PARTNERS OF NE MI 200 HEMLOCK ROAD TAWAS, MI48764 38-3378622	OTHERMEDIC	MI	NA	C CORP	34	62,286	50 000 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	ST JOSEPH HEALTH ENTERPRISES	J	171,727
(2)	ASCENSION HEALTH	O	2,382,669
(3)	ST JOSEPH HEALTH ENTERPRISES	P	559,762
(4)	ST JOSEPH HEALTH SYSTEM FOUNDATION	R	132,904
(5)			
(6)			

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 38-1443395
Name: ST JOSEPH HEALTH SYSTEM

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			
PATRICK MURTHA CEO	60 00	X		X				379,303	0	19,046
NEELIMADEVI RYALI MD CHIEF OF STA	60 00	X		X				299,531	0	14,128
DONALD R ELLIS III MD TRUSTEE	60 00	X						213,582	0	13,342
SCOTT CHAPLESKI VICE CHAIR	2 00	X						0	0	0
MATTHEW BURESH TRUSTEE	2 00	X						0	0	0
MICHAEL BUSCH TRUSTEE	2 00	X						0	0	0
BRIDGET DUNLEAVY TRUSTEE	2 00	X						0	0	0
JERRY SCHMIDT SECRETARY	2 00	X						0	0	0
GERALD GRACIK VICE-CHAIR	2 00	X						0	0	0
RYAN PARKINSON TREASURER	2 00	X						0	0	0
BRENDA CHADWICK TRUSTEE	2 00	X						0	0	0
MARIE HOGAN TRUSTEE	2 00	X						0	0	0
RICK MICHAELS TRUSTEE	2 00	X						0	0	0
ROBERT STALKER II TRUSTEE	2 00	X						0	0	0
LINDA STANCILL CFO	60 00			X				241,891	0	42,119
ANN BALFOUR VP RISK MANA	60 00			X				155,703	0	31,825
DEBRA FOX VP NURSING S	60 00			X				149,054	0	12,066
SR RITA ANN TEICHMAN VP MISSION	60 00			X				93,467	0	3,269
JOHN BLOCKSOM PHYSICIAN	60 00					X		440,006	0	15,909
DIANA ENNES MD SURGEON	60 00					X		429,225	0	41,120
RICHARD SCHULZ SURGEON	60 00					X		308,757	0	14,365
MICHAEL WAGNER PHYSICIAN	60 00					X		240,965	0	6,273
EARL ELOWSKY MD PHYSICIAN	60 00					X		228,213	0	14,562

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	7,007,138	6,994,885	12,253	
BAD DEBT	3,959,030	3,959,030		
MAINTENANCE & REPAIRS	975,543	817,570	157,973	
OTHER EXPENSE	319,812	76,197	242,071	1,544
RECRUITMENT	97,095	68,993	28,102	

Additional Data

Software ID:
Software Version:
EIN: 38-1443395
Name: ST JOSEPH HEALTH SYSTEM

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

THE ORGANIZATION PROVIDES MEDICALLY NECESSARY CARE TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, ETHNIC ORIGIN, GENDER, DISABILITY OR ECONOMIC STATUS THE ORGANIZATION USES A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL) TO DETERMINE FREE AND DISCOUNTED CARE AT A MINIMUM, PATIENTS WITH INCOME LESS THAN OR EQUAL TO 200% OF THE FPL, WHICH MAY BE ADJUSTED FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO NATIONAL WAGE INDEX, WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF CHARGES FOR SERVICES THAT HAVE BEEN PROVIDED TO THEM ALSO, AT A MINIMUM, PATIENTS WITH INCOMES ABOVE 200% OF THE FPL BUT NOT EXCEEDING 300% OF THE FPL, SUBJECT TO ADJUSTMENTS FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO NATIONAL WAGE INDEX, WILL RECEIVE A DISCOUNT ON THE SERVICES PROVIDED TO THEM

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

FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED

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

THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGES IN PART I, LINE 7, COLUMN (F) IS 3 9 MILLION

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

THE ORGANIZATION IS A PART OF THE ASCENSION HEALTH SYSTEM CONSOLIDATED AUDIT THE FOOTNOTE THAT REFERENCES BAD DEBT EXPENSE IN THE 2010 CONSOLIDATED AUDIT IS AS FOLLOWS "THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, ASCENSION HEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH ASCENSION HEALTH'S POLICIES

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

ASCENSION HEALTH AND RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES FOR DETERMINING COMMUNITY BENEFIT CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT

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

THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY

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

ST JOSEPH HEALTH SYSTEM SERVES FIVE RURAL COUNTY AREAS COMPRISED OF APPROXIMATELY 80,000 RESIDENTS (2009 CENSUS) AMONG THESE FIVE COUNTIES OUR FULL SERVICE MARKET AREA CONSISTS OF FIFTEEN ZIP CODES WITH A POPULATION OF APPROXIMATELY 40,000 RESIDENTS AND THREE ZIP CODES MAKE UP PRIMARY SERVICE AREA WITH APPROXIMATELY 18,000 RESIDENTS ST JOSEPH HEALTH SYSTEM LOCATED IN TAWAS CITY REMAINS THE LARGEST EMPLOYER WITHIN IOSCO COUNTY SEVERAL AUTOMOTIVE PARTS SUPPLIERS AND AIRCRAFT MAINTENANCE AND REFURBISHING FACILITIES ARE PROMINENT EMPLOYERS WITHIN IOSCO COUNTY WITHIN THE PRIMARY SERVICE AREA 95% OF RESIDENTS ARE CAUCASIAN, WITH 1 4% HISPANIC, 1% AFRICAN AMERICAN, 1% INDIAN AND ASIAN OF THE APPROXIMATELY 18,000 RESIDENTS IN THE PRIMARY SERVICE AREA APPROXIMATELY 81% ARE 45 YEARS OF AGE OR OLDER NO SIGNIFICANT CHANGE IN THE FIVE COUNTY SERVICE AREA IS PREDICTED FOR THE NEXT FEW YEARS PAYER MIX WITHIN PRIMARY SERVICE AREA - MEDICARE 53% - BC 17% - MEDICAID 14% - COMMERCIAL 6% - HMO/PPO 2% - SELF PAY 4% - OTHER 4% ST JOSEPH HEALTH SYSTEM PROVIDED 54% OF BOTH INPATIENT AND OUTPATIENT HOSPITAL BASED HEALTHCARE SERVICES FOR RESIDENTS WITHIN OUR PRIMARY SERVICE AREA DURING CALENDAR YEAR 2010 ST JOSEPH HEALTH SYSTEM OWNS SEVEN PROVIDER BASED RURAL HEALTH PRIMARY CARE PRACTICES LOCATED IN TWO COUNTIES ONE FEDERALLY QUALIFIED HEALTH CENTER (FQHC), IS LOCATED WITHIN THE PRIMARY SERVICE AREA AND THE ADDITIONAL FQHC IS LOCATED WITHIN THE FIVE-COUNTY SERVICE AREA ONE PHYSICIAN OWNED RURAL HEALTH PRACTICE IS LOCATED WITH THE PRIMARY SERVICE AREA TWO PUBLICALLY OWNED HOSPITALS ARE LOCATED APPROXIMATELY ONE HOURS TRAVEL TIME NORTH AND WEST OF ST JOSEPH HEALTH SYSTEM IOSCO COUNTY WAS REPORTED AS AMONG THE NATION'S 20 MOST ECONOMICALLY STRESSED COUNTIES IN 2010

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

IOSCO COUNTY SART THE MISSION OF ST JOSEPH HEALTH SYSTEM COMPELS US TO PURSUE THE NEED TO COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE AFTER STATISTICS AND REPORTS FROM THE OFFICE FOR VICTIMS OF CRIME (OVC), ST JOSEPH HEALTH SYSTEM'S EMERGENCY DEPARTMENT AND LAW ENFORCEMENT AGENCIES WITHIN OUR 5 COUNTY SERVICE AREA CREATED AN AWARENESS OF THE REALITY OF SEXUAL ASSAULT IN OUR COMMUNITIES, A TASK FORCE WAS INITIATED TO INVESTIGATE THE FEASIBILITY OF CREATING A SEXUAL ASSAULT RESPONSE TEAM (SART) IN OUR COUNTY THROUGH INITIAL DISCUSSIONS WITH OTHER SART AND SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAMS ACROSS THE STATE, WE CONTINUE TO SUCCESSFULLY IMPLEMENT THE NECESSARY PHASES TO ASSURE A SUCCESSFUL PROGRAM FOR THIS SENSITIVE, YET WORTHY COMMUNITY OUTREACH EFFORT AS THE FIRST PROGRAM OF ITS KIND IN NORTHERN MICHIGAN, SART IS A MULTI-DISCIPLINARY, INTER-AGENCY COLLABORATION THAT UNITES ITS MEMBERS IN A COORDINATED VICTIM-CENTERED APPROACH TO THE INTERVENTION AND CARE FOR SEXUAL ASSAULT VICTIMS THE MISSION OF THE IOSCO COUNTY SART IS TO FACILITATE THE CLINICAL, LEGAL AND EMOTIONAL RESOURCES TO CARE FOR SURVIVORS OF SEXUAL ASSAULT AND TO CREATE A COMMUNITY WHERE SURVIVORS OF SEXUAL ASSAULT ARE SUPPORTED AND TREATED WITH DIGNITY AND RESPECT TO DATE, THE PROGRAM HAS SECURED A COORDINATOR, A PLANNING AND DEVELOPMENT SURVEY WAS DISTRIBUTED TO OUR COMMUNITY STAKE-HOLDERS TO SELECT A PROGRAM MODEL (REALIZING A 60% RETURN), A MISSION AND VISION STATEMENT AND STRATEGIC PLAN WAS COMPLETED AND PROGRAM PROCEDURES AND PROTOCOLS HAVE BEEN ESTABLISHED ST JOSEPH HEALTH SYSTEM HAS ALSO COMMITTED CLINICAL AND OFFICE SPACE TO IMPLEMENT THE PROGRAM IN ADDITION, SJHS SPONSORED A COMMUNITY FORUM TO CREATE COMMUNITY AWARENESS OF SEXUAL ABUSE AND VIOLENCE BRINGING 40 COMMUNITY AND AGENCY MEMBERS TO THE TABLE AS WELL AS BROUGHT IN 2 SPEAKERS FROM THE MICHIGAN COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE TO EDUCATE PARTICIPANTS ON TOPICS SUCH AS COORDINATED COMMUNITY RESPONSE AND ADVOCATE TRAINING WITH THE HELP OF STOP (SERVICES TRAINING OFFICERS PROSECUTOR) MONIES AND FUNDS FROM SHELTER, INC GENERAL FUNDS, TWO ADDITIONAL NURSES HAVE COMPLETED SANE TRAINING AS WELL THE NEXT STEPS INCLUDE THE CONVERSION OF THE SJHS SPACE TO THE SEXUAL ASSAULT RESOURCE CENTER THAT WILL HOUSE THE PROGRAM'S DEDICATED PHONE LINE, A FAMILY HEALING SPACE AND CLINICAL AREA IT IS OUR BELIEF THAT AS AWARENESS OF THE RESOURCE CENTER GROWS AND PEOPLE BECOME AWARE OF THE RESOURCES AVAILABLE THEY WILL BE MORE WILLING TO COME FORWARD TO BEGIN THE HEALING PROCESS

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

IN THE PAST YEAR, ST JOSEPH HEALTH SYSTEM PROVIDED MORE THAN 2 4 MILLION IN UNCOMPENSATED CARE THROUGH DELIVERY OF SERVICES TO THE POOR AND VULNERABLE, UNPAID COSTS OF PUBLIC PROGRAMS, FINANCIAL ASSISTANCE TO THE UNINSURED AND UNDERINSURED AND OUTREACH SERVICES TO THE COMMUNITY HEALTHKEY IS A DEPARTMENT OF ST JOSEPH HEALTH SYSTEM OUR TEAM INCLUDES AN EXECUTIVE DIRECTOR, INTAKE/PRESCRIPTION ASSISTANCE COORDINATOR, RN CASE MANAGER AND AN OUTREACH WORKER THE STAFF OF ST JOSEPH HEALTHKEY TAKES GREAT PRIDE IN THEIR ROLE SERVING AS THE RESOURCE AND SUPPORT CENTER FOR THE UNINSURED AND UNDERINSURED FAMILIES IN OUR COMMUNITY ST JOSEPH HEALTHKEY PROVIDES A VARIETY OF DIFFERENT OUTREACH SERVICES INCLUDING MEDICAID APPLICATION ASSISTANCE, FINANCIAL ASSISTANCE APPLICATIONS, REFERRALS TO MEDICAL HOMES, PRESCRIPTION ASSISTANCE, CARE MANAGEMENT FOR APPROPRIATE EMERGENCY ROOM UTILIZATION, DIABETES AND HYPERTENSION IN ADDITION, ST JOSEPH HEALTHKEY STAFF NAVIGATES ITS CLIENTS THROUGH VARIOUS COMMUNITY SERVICE AGENCIES AND ADVOCATES ON THEIR BEHALF FOR ACCESS TO NECESSARY HEALTHCARE RELATED SERVICES IN ALIGNMENT WITH THE MISSION, VISION AND VALUES OF ST JOSEPH HEALTH SYSTEM, HEALTHKEY CONTINUES ITS WORK OF SERVING THE POOR AND VULNERABLE IN OUR COMMUNITY IN A VARIETY OF DIFFERENT WAYS ONE OF THE MOST UTILIZED SERVICES IS THE PRESCRIPTION ASSISTANCE PROGRAM IN FISCAL YEAR 2009-2010, HEALTHKEY SERVED 527 CLIENTS WITH 968 DIFFERENT MEDICATION REQUESTS THIS EFFORT YIELDED A RETAIL DOLLAR SAVINGS VALUE OF 347,959 THE CLIENTS WHO USE THIS SERVICE HAVE REFERRED TO IT AS "A GIFT" AND "LIFE-SAVING" HEALTHKEY OUTREACH INITIATIVES CONTINUE TO BE STRONG AND FOCUSED ON FILLING THE GAPS IN OUR CURRENT SAFETY NET SYSTEM OUR COMMUNITY AND CIVIC ORGANIZATIONS HAVE PARTNERED WITH THE HEALTHKEY TEAM TO REACH OUT WITH MANY DIFFERENT INITIATIVES WITH THIS TREMENDOUS SUPPORT WE HAVE HAD OPPORTUNITIES TO SERVE OUR NEIGHBORS IN CREATIVE, YET EFFECTIVE WAYS WHETHER OUR OUTREACH HAS TOUCHED ONE NEIGHBOR OR ONE HUNDRED, WE ARE PROUD OF OUR MANY COMMUNITY PARTNERSHIPS THAT MAKE THESE PROJECTS A REALITY FOR SO MANY DIABETIC EYE EXAMS, HEARING AIDE APPLICATIONS, UNINSURED AWARENESS WALKS, NECESSITY BAG GIVEAWAYS AND OPERATION BACKPACK HAVE STRETCHED FAR AND WIDE INTO OUR COMMUNITIES TO MAKE POSITIVE IMPACTS ON THE FAMILIES WE SERVE DIABETIC CLUB - A PROGRAM THAT IS OPEN TO THE COMMUNITY AT NO CHARGE THAT INCLUDES A SHORT LECTURE ABOUT GENERAL HEALTH ISSUES, SPECIFICALLY RELATED TO THE COMPLICATIONS AND LIFESTYLE OF DIABETES OTHER HIGHLIGHTS INCLUDE A SAMPLING OF THE RECIPE OF THE MONTH, DISCUSSIONS ON THE BENEFITS OF HERBAL AND MINERAL SUPPLEMENTS AND OPEN DISCUSSION TO ANSWER QUESTIONS AND PROVIDE SUPPORT SPEAKER'S BUREAU - A FREE COMMUNITY PROGRAM THAT OFFERS HEALTH RELATED PRESENTATIONS PROVIDED BY HEALTH SYSTEM PROFESSIONALS WHICH IS DESIGNED TO EDUCATE THE COMMUNITY ON A VARIETY OF HEALTH AND HUMAN SERVICE TOPICS EXAMPLES INCLUDE ADVANCE DIRECTIVES MY VOICE, MY CHOICE- HEALTHY FOOD CHOICES-HEALTHY AGING/BALANCED SAFETY FAMILY FUN FAIR-AN EVENT HELD IN COOPERATION WITH TWO LOCAL COLLABORATIVES (THE IOSCO COUNTY FAMILY ENRICHMENT COALITION AND THE GREAT START COLLABORATIVE) WITH THE PURPOSE TO EDUCATE THE COMMUNITY ABOUT LOCAL AGENCIES AND SERVICES AVAILABLE TO CHILDREN AND FAMILIES OTHER ACTIVITIES INCLUDE A FREE LUNCH PROVIDED TO AN AVERAGE OF 1,000 CHILDREN AND ADULTS, DOOR PRIZES, CAR SEAT CHECKS AND BOOTHS FEATURING FAMILY CRAFT PROJECTS, EDUCATIONAL ACTIVITIES AND PARENTING INFORMATION DEVELOP IOSCO - A PROGRAM THAT PROMOTES COMMUNITY AND ECONOMIC DEVELOPMENT AND THE GROWTH OF IOSCO COUNTY AND/OR THE MULTI-COUNTY AREA SURROUNDING IOSCO COUNTY IN THE STATE OF MICHIGAN RECOGNIZING THE INSEPARABILITY OF HEALTHY COMMUNITY, ENVIRONMENT AND ECONOMY, DEVELOP IOSCO SUPPORTS AND CONDUCTS ECONOMIC DEVELOPMENT ACTIVITIES TO FURTHER SOUND COMMUNITY AND ENVIRONMENTAL POLICIES OUR DIRECTOR OF COMMUNICATIONS SERVES AS THE VICE PRESIDENT

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

ST JOSEPH HEALTH SYSTEM AND SUBSIDIARIES ARE MEMBERS OF ASCENSION HEALTH ASCENSION HEALTH IS THE PARENT ORGANIZATION OF A CATHOLIC, NATIONAL, MULTI-UNIT, TAX-EXEMPT HEALTHCARE SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES OR HEALTH MINISTRIES, LOCATED PRIMARILY IN THE GREAT LAKES, MID-ATLANTIC, WESTERN, AND SOUTHERN REGIONS OF THE UNITED STATES ASCENSION HEALTH IS CURRENTLY SPONSORED BY THE NORTHEAST, SOUTHEAST, EAST CENTRAL, AND WEST CENTRAL PROVINCES OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF NAZARETH, AND THE SISTERS OF ST JOSEPH OF CARONDELET THE 49-BED HOSPITAL, STAFFED BY MORE THAN 480 EMPLOYEES, IS LOCATED IN TAWAS CITY, MICHIGAN AND IS A NONPROFIT ACUTE-CARE HOSPITAL THE HOSPITAL MAINTAINS TWO WHOLLY OWNED SUBSIDIARIES ST JOSEPH HEALTH ENTERPRISES, A HOME MEDICAL EQUIPMENT BUSINESS, AND ST JOSEPH HEALTH SYSTEM FOUNDATION, A CHARITABLE FOUNDATION CREATED TO RECEIVE AND ADMINISTER FUNDS FOR THE HOSPITAL FOR THE PURPOSE OF ACQUIRING OR IMPROVING HOSPITAL FACILITIES AND TECHNOLOGIES, AND THE ESTABLISHMENT, SUPPORT, AND MAINTENANCE OF COMMUNITY HEALTH EDUCATION PROGRAMS THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR THE RESIDENTS OF IOSCO COUNTY AND THE SURROUNDING AREA ADMITTING PHYSICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA ST JOSEPH HEALTH SYSTEM OFFERS ACCESS TO A LARGE BOARD-CERTIFIED MEDICAL STAFF, WITH MORE THAN 17 PRIMARY CARE AND SPECIALTY PHYSICIANS THROUGH COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION, SUBSIDIZED HEALTH CARE, FINANCIAL CONTRIBUTIONS, COMMUNITY-BUILDING ACTIVITIES, AND OTHER COMMUNITY BENEFIT ACTIVITIES, ST JOSEPH HEALTH SYSTEM CONTRIBUTED 2 3 MILLION TO THE COMMUNITY INCLUDED IN THIS FIGURE ARE PROGRAMS SUCH AS - CHARITY CARE AND UNREIMBURSED MEDICAID - COMMUNITY HEALTH-EDUCATION LECTURES - SCHOOL HEALTH-EDUCATION PROGRAMS PROMOTING HEALTH CARE CAREERS & WORKFORCE ENHANCEMENT - FREE HEALTH SCREENINGS - HEALTHKEY - SART (SEXUAL ASSAULT RESPONSE TEAM) - COMMUNITY-BASED CHAPLAINCY AND SPIRITUAL CARE - SPONSORSHIPS AND CONTRIBUTIONS TO VARIOUS COMMUNITY EVENTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 38-1443395
Name: ST JOSEPH HEALTH SYSTEM

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
WINE TASTING/GRAPE STOMP	500	1,037		BOOK	
AUGRES PIRATEFEST SPONSOR	75	318		BOOK	
PERCHVILLE DINNER SPONSOR	1	2,000		BOOK	
BIRDINGFESTIVAL SPONSOR	1	100		BOOK	
FRIEND OF E T LIBRARY	1	100		BOOK	
LIFETRAIL BIKE PATH	1	3,500		BOOK	
TAWASTRIATHOLON SPONSOR	1	1,250		BOOK	
FAMILY FUN FAIR	1000	404		BOOK	FAMILYFUNFAIR