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

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C Name of organization BATTLE CREEK HEALTH SYSTEM Doing Business As SEE SCHEDULE O FOR LIST Number and street (or P O box if mail is not delivered to street address) Room/suite 300 NORTH AVENUE City or town, state or country, and ZIP + 4 BATTLE CREEK, MI 49016		D Employer identification number 38-2776791 E Telephone number (616) 685-3574 G Gross receipts \$ 210,161,155	
		F Name and address of principal officer ANNE REGLING 300 NORTH AVENUE BATTLE CREEK, MI 49016		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.bchealth.com							
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1987		M State of legal domicile MI			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities HEALTHCARE SERVICES		
	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 1		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1		
	5 Total number of employees (Part V, line 2a) 5 1,61		
	6 Total number of volunteers (estimate if necessary) 6 46		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 947,84		
	b Net unrelated business taxable income from Form 990-T, line 34 7b 50,11		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,278,525	1,530,571
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,116,418	201,494,301
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,420,445	2,557,807
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,496,676	4,151,204
		198,471,174	209,733,883
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	208,197	230,906
	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)	85,784,620	86,562,287
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	110,694,179	114,438,431
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	196,686,996	201,231,624
	19 Revenue less expenses Subtract line 18 from line 12	1,784,178	8,502,259
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	226,559,690	237,276,336
	21 Total liabilities (Part X, line 26)	98,168,019	101,391,620
	22 Net assets or fund balances Subtract line 21 from line 20	128,391,671	135,884,716

Part II		Signature Block			
Sign Here	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				
	Signature of officer		2011-05-12 Date		
	ANNE REGLING INTERIM CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no

1 Briefly describe the organization's mission

HEALTHCARE SERVICES - SEE SCHEDULE H FOR MORE INFORMATION

Form **990** (2009)

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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	186	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	1,616	
	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)			
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	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	15	
b	Enter the number of voting members that are independent . . .	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ GLENN PEULER 1820 44TH STREET SE KENTWOOD, MI 49508 (616) 685-3574

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Form 990 (2009)

1b Total	1,783,888	9,751,705	1,796,446
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶57

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
REGIONAL MEDICAL LABS INC 175 COLLEGE STREET BATTLE CREEK, MI 49037	LABORATORY SERVICES	7,878,134
AGILITY THERAPY 560 FIFTH STREET NW GRAND RAPIDS, MI 49504	PROFESSIONAL THERAPY SERVICES	2,230,910
SODEXHO MARRIOTT SERVICES INC 74 NORTH WASHINGTON ST BATTLE CREEK, MI 49017	DIETARY AND HOUSEKEEPING SVCS	1,690,550
ANESTHESIA ASSOCIATES INC 255 W MICHIGAN AVE JACKSON, MI 49201	ANESTHESIA SERVICES	860,832
TEXTILE SYSTEMS INC - BORGESS 1521 GULL ROAD KALAMAZOO, MI 49001	LAUNDRY SERVICES	638,224

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▶18

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	145,165				
	e	Government grants (contributions)	1e	508,857				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	876,549				
	g	Noncash contributions included in lines 1a-1f \$ 3,340						
	h	Total. Add lines 1a-1f		1,530,571				
Program Service Revenue			Business Code					
	2a	NET PATIENT SVC REV	900,099	199,595,293	199,595,293			
	b	PHARMACY	446,110	1,899,008	1,055,622	843,386		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		201,494,301				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,598,256			2,598,256	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents	458,735					
		b Less rental expenses	253,612					
		c Rental income or (loss)	205,123					
	d	Net rental income or (loss)		205,123			205,123	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		133,211				
		b Less cost or other basis and sales expenses	85,783	87,877				
		c Gain or (loss)	-85,783	45,334				
	d	Net gain or (loss)		-40,449			-40,449	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code						
11a	CAFETERIA REVENUE	900,099	728,823			728,823		
b								
c								
d	All other revenue		3,217,258	3,112,795	104,463			
e	Total. Add lines 11a-11d		3,946,081					
12	Total revenue. See Instructions		209,733,883	203,763,710	947,849	3,491,753		

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	230,906	230,906		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,228,818		2,228,818	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	516,467	91,737	424,730	
7	Other salaries and wages	65,326,382	59,803,896	5,522,486	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,112,735	3,754,228	358,507	
9	Other employee benefits	9,344,027	8,369,734	974,293	
10	Payroll taxes	5,033,858	4,282,931	750,927	
11	Fees for services (non-employees)				
a	Management	950,100	853,399	96,701	
b	Legal	155,616	170	155,446	
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	14,046,775	11,835,794	2,210,981	
12	Advertising and promotion	562,332	26,125	536,207	
13	Office expenses	33,776,251	32,828,662	947,589	
14	Information technology	8,214,482	159,807	8,054,675	
15	Royalties				
16	Occupancy	3,791,365	595,953	3,195,412	
17	Travel	15,131	10,403	4,728	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	426,531	215,140	211,391	
20	Interest	2,548,398	2,548,398		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,073,857	13,365,562	1,708,295	
23	Insurance	1,237,250	1,223,621	13,629	
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	CONTRACT LABOR	9,618,102	6,982,277	2,635,825	
b	BAD DEBT	8,572,554	8,572,554		
c	I/C PURCHASED SVCS	5,485,686	870,353	4,615,333	
d	HOSPITAL PROVIDER TAXES	5,166,125	5,166,125		
e	UBI TAXES	93,146		93,146	
f	All other expenses	4,704,730	4,089,567	615,163	
25	Total functional expenses. Add lines 1 through 24f	201,231,624	165,877,342	35,354,282	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			5,134	1	5,233
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			38,188	3	18,845
	4	Accounts receivable, net			15,153,565	4	17,575,619
	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			3,369	7	
	8	Inventories for sale or use			3,730,583	8	3,580,350
	9	Prepaid expenses and deferred charges			1,069,944	9	849,640
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	257,605,908	104,553,380	10c	99,158,122
	b	Less accumulated depreciation	10b	158,447,786			
	11	Investments—publicly traded securities			45,835,210	11	66,293,152
	12	Investments—other securities See Part IV, line 11			37,880,267	12	33,514,932
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			663,848	14	345,004
	15	Other assets See Part IV, line 11			17,626,202	15	15,935,439
	16	Total assets. Add lines 1 through 15 (must equal line 34)			226,559,690	16	237,276,336
Liabilities	17	Accounts payable and accrued expenses			28,836,612	17	33,282,289
	18	Grants payable				18	
	19	Deferred revenue			333,170	19	653,982
	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			332,407	23	155,622
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			68,665,830	25	67,299,727
	26	Total liabilities. Add lines 17 through 25			98,168,019	26	101,391,620
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			124,480,181	27	132,568,741
	28	Temporarily restricted net assets			3,797,691	28	3,212,369
	29	Permanently restricted net assets			113,799	29	103,606
	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			128,391,671	33	135,884,716
	34	Total liabilities and net assets/fund balances			226,559,690	34	237,276,336

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a	No
b Were the organization's financial statements audited by an independent accountant? 	2b	Yes
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	3a	Yes
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	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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2009

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Name of the organization BATTLE CREEK HEALTH SYSTEM	Employer identification number 38-2776791
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

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.**

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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 BATTLE CREEK HEALTH SYSTEM	Employer identification number 38-2776791
--	--

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

- 1

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

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

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

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

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

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

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

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

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

☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		9,554
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		6,667
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			16,221
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	BATTLE CREEK HEALTH SYSTEM (BCHS) HAS MADE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES. THESE GRANTS HAVE BEEN IN THE FORM OF MEMBERSHIP DUES PAID TO REGIONAL AND NATIONAL HEALTH CARE ORGANIZATIONS, WHERE THE ORGANIZATIONS HAVE PROVIDED BCHS WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES. BCHS ALSO PAID A THIRD-PARTY LOBBYING FIRM DURING THE YEAR TO LOBBY FOR OR AGAINST LEGISLATION DETERMINED TO BE OF INTEREST AND CONCERN TO BCHS.

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.**

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2009

Open to Public Inspection

Name of the organization
BATTLE CREEK HEALTH SYSTEM

Employer identification number
38-2776791

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
2a	
2b	
2c	
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 ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	113,799	111,337			
b Contributions					
c Investment earnings or losses	2,025	2,462			
d Grants or scholarships					
e Other expenditures for facilities and programs	12,218				
f Administrative expenses					
g End of year balance	103,606	113,799			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,624,658		3,624,658
b Buildings		154,971,566	79,779,289	75,192,277
c Leasehold improvements				
d Equipment		97,673,481	77,415,001	20,258,480
e Other		1,336,203	1,253,496	82,707
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				99,158,122

Schedule D (Form 990) 2009

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 investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
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 facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ROY CAMPBELL ENDOWMENT FUND (\$30,195 AT JUNE 30, 2010) PROVIDES NURSING SCHOLARSHIPS FOR STUDENTS AT KELLOGG COMMUNITY COLLEGE. THE BRIEDE CHARITABLE REMAINDER TRUST (\$73,411 AT JUNE 30, 2010) IS FOR PROJECTS DESIGNED TO IMPROVE PATIENT CARE AND SERVE THE COMMUNITY.
Part X	Description of Uncertain Tax Positions Under FIN 48	BATTLE CREEK HEALTH SYSTEM is included in the consolidated financial statements of BATTLE CREEK HEALTH SYSTEM AND SUBSIDIARIES. THEIR financial statements for the year ended June 30, 2010 did not include a FIN 48 footnote. BATTLE CREEK HEALTH SYSTEM IS ALSO INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. TRINITY HEALTH'S FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2010 DID NOT INCLUDE A FIN 48 FOOTNOTE.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BATTLE CREEK HEALTH SYSTEM

Employer identification number
38-2776791

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 ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100%☒ 150%☐ 200%☐ Other _____	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☒ 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 eligible 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)	1	8,074	6,484,445		6,484,445	3 370 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	27,325	32,799,614	29,284,497	3,515,117	1 820 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	3	3,225	2,203,264	1,055,107	1,148,157	0 600 %
d Total Charity Care and Means-Tested Government Programs	5	38,624	41,487,323	30,339,604	11,147,719	5 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	46	83,305	1,691,532	7,145	1,684,387	0 870 %
f Health professions education (from Worksheet 5)	6	418	730,243		730,243	0 380 %
g Subsidized health services (from Worksheet 6)	3	3,710	129,796	4,804	124,992	0 060 %
h Research (from Worksheet 7)	1	8,191	361,804		361,804	0 190 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	14		174,422		174,422	0 090 %
j Total Other Benefits	70	95,624	3,087,797	11,949	3,075,848	1 590 %
k Total. Add lines 7d and 7j	75	134,248	44,575,120	30,351,553	14,223,567	7 380 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development	3	320	5,072		5,072	0 %
3Community support	3	969	12,868		12,868	0 010 %
4Environmental improvements						
5Leadership development and training for community members	1	495	7,705		7,705	0 %
6Coalition building	8	2,062	46,803		46,803	0 020 %
7Community health improvement advocacy	1	197	3,139		3,139	0 %
8Workforce development	1	171	6,915		6,915	0 %
9Other	7	2,397	23,624		23,624	0 010 %
10Total	24	6,611	106,126		106,126	0 040 %

Part IIIBad 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	2,880,160
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	288,016
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	69,324,943
6	Enter Medicare allowable costs of care relating to payments on line 5	6	62,749,893
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7	6,575,050
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 IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1ADVANCED IMAGING SERVICES OF BC	RADIOLOGY/IMAGING	51 000 %		49 000 %
2PHYSICIAN HOSPITAL ORGANIZATION OF BATTLE CREEK	CONTRACTING SERVICES	50 000 %		50 000 %
3REGIONAL MEDICAL LABORATORIES INC	LABORATORY SERVICES	50 000 %		50 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

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

See additional data

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BATTLE CREEK HEALTH SYSTEM

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

Employer identification number
38-2776791

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
SOUTHWESTERN MICHIGAN URBAN LEAGUE 172 W VAN BUREN STREET BATTLE CREEK, MI 49017	381817220	501(C)3	5,500				LEADERSHIP CAMP/TABLE SPONSOR
BATTLE CREEK COMMUNITY FOUNDATION 34 WEST JACKSON ST BATTLE CREEK, MI 49017	382045459	501(C)3	12,425				GENERAL SUPPORT
CALHOUN COUNTY AGRICULTURAL AND INDUSTRIAL SOCIETY PO BOX 311 MARSHALL, MI 49068	382035927	501(C)3	5,000				COUNTY FAIR SPONSORSHIP
CALHOUN HEALTH PLAN 190 E MICHIGAN NO 385 BATTLE CREEK, MI 49014	202717744	501(C)3	20,000				BATTLE CREEK SCHOOL NURSE PROGRAM
ALBION HEALTH CARE ALLIANCE 309 N SUPERIOR ST ALBION, MI 49224	421551109	501(C)3	20,000				GENERAL SUPPORT
BURNHAM BROOK CENTER DBA REGION IIIB AREA AGENCY ON AGING 200 WEST MICHIGAN AVENUE BATTLE CREEK, MI 49017	383013931	501(C)3	80,000				COMMUNITY SPONSORSHIP SENIOR HEALTH SUPPORT
KELLOGG COMMUNITY COLLEGE FOUNDATION 450 N AVENUE BATTLE CREEK, MI 49017	383411520	501(C)3	15,600				GENERAL SUPPORT

2

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

7

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 DONATIONS MADE BY BATTLE CREEK HEALTH SYSTEM TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
BATTLE CREEK HEALTH SYSTEM

Employer identification number

38-2776791

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ 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 or provision 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	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	JEFFREY MITCHELL RECEIVED SEVERANCE PAYMENTS OF \$33,049 IN CALENDAR 2009. THIS AMOUNT IS INCLUDED IN COLUMN B(III) IN ADDITION, COLUMN C OF SCHEDULE J, PART II INCLUDES \$144,779 OF SEVERANCE FOR JEFFREY MITCHELL THAT WAS UNPAID AS OF 12/31/09. THE \$144,779 WAS PAID AND INCLUDED IN HIS TAXABLE INCOME IN 2010. PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING SERP ACCRUALS FOR 2009 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: KEDRICK ADKINS - \$38,675; MICHAEL SLUBOWSKI - \$55,733; JOSEPH SWEDISH - \$493,225. PART I, LINE 4B: THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$245,000 FOR 2009). THE FOLLOWING ACCRUALS FOR 2009 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: KEDRICK ADKINS - \$59,584; PATRICK GARRETT - \$21,841; MICHAEL SLUBOWSKI - \$42,832; JOSEPH SWEDISH - \$249,263; JACK WEINER - \$18,276; DENISE BROOKS-WILLIAMS - \$2,497.
Supplemental Information	Part III	Part II, Column B (ii): The following individuals received amounts in 2009 from a long-term incentive plan (LTIP). Participants in the LTIP (CEOs and certain Trinity executives) were eligible to receive a payment under the plan only if certain patient loyalty improvement targets were achieved by the end of a three-year period (FY07 through FY09). The following LTIP amounts are included in Schedule J, Part II, Column B(ii): KEDRICK ADKINS - \$337,826; MICHAEL SLUBOWSKI - \$403,918; JOSEPH SWEDISH - \$1,042,563; JACK WEINER - \$260,378.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BATTLE CREEK HEALTH SYSTEM

Employer identification number
38-2776791

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANESTHESIA ASSOCIATES OF BATTLE CREEK	STEVEN LINS, BOARD MEMBER, IS PART OWNER AND AN EMPLOYEE OF ANESTH ASSOC	858,480	PAYMENTS BY BCHS FOR CRNA COVERAGE OF LABOR AND DELIVERY SERVICES		No
STEPHANIE STEWART	FAMILY MEMBER OF ERICK STEWART, TRUSTEE	91,737	EMPLOYMENT ARRANGEMENT		No
K&W REALTY	GARY WORTZ, BOARD MEMBER, IS ALSO A BOARD MEMBER OF K&W REALTY	132,479	LEASE PAYMENTS BY BATTLE CREEK HEALTH SYSTEM TO K&W REALTY FOR MEDICAL OFFICE SPACE		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
BATTLE CREEK HEALTH SYSTEM

Employer identification number
38-2776791

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1		
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	HILLIARD LYONS PROCESSES AND SELLS ANY DONATED STOCKS
Non Reporting of Revenue	Part I, Line 33	A SCULPTURE, TITLED "GRACE", WAS DONATED TO THE CANCER CARE CENTER IN SEPTEMBER 2009 AS IT WAS DONATED FOR DISPLAY PURPOSES, NO APPRAISAL WAS PERFORMED AT THE TIME OF RECEIPT HOWEVER, IT IS INSURED AT A VALUE OF \$7,700

Additional Data

Software ID:
Software Version:
EIN: 38-2776791
Name: BATTLE CREEK HEALTH SYSTEM

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493132027551
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
	Name of the organization BATTLE CREEK HEALTH SYSTEM		Employer identification number 38-2776791

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SHAREHOLDERS OF BATTLE CREEK HEALTH SYSTEM ARE BCHS COMMUNITY PARTNERS (THE CLASS A SHAREHOLDER) AND TRINITY HEALTH-MICHIGAN (THE CLASS B SHAREHOLDER) SEE LINE 7 FOR ADDITIONAL INFORMATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE TWO SHAREHOLDERS OF BATTLE CREEK HEALTH SYSTEM, BCHS COMMUNITY PARTNERS AND TRINITY HEALTH-MICHIGAN, EACH HAVE THE RIGHT TO APPOINT THREE MEMBERS TO THE BOARD OF TRUSTEES THE PRESIDENT OF BATTLE CREEK HEALTH SYSTEM SHALL SERVE ON THE BOARD OF TRUSTEES, EX OFFICIO, WITH A VOTE ON ALL MATTERS NOT INVOLVING THE PRESIDENT'S EMPLOYMENT THE REMAINING EIGHT MEMBERS OF THE FIFTEEN-MEMBER BOARD SHALL INCLUDE THREE PHYSICIANS AND OTHER MEMBERS OF THE COMMUNITY

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		THE TWO SHAREHOLDERS OF BATTLE CREEK HEALTH SYSTEM MUST BOTH APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE APPOINTMENT AND REMOVAL OF THE PRESIDENT, ENCUMBRANCE OF ANY ASSETS IN EXCESS OF CERTAIN LIMITS, AND INCURRENCE OF DEBT IN EXCESS OF CERTAIN LIMITS THE TWO SHAREHOLDERS MUST ALSO BOTH APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		PRIOR TO FILING, THE FORM 990 FOR BATTLE CREEK HEALTH SYSTEM IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE BOARD OF TRUSTEES THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		BATTLE CREEK HEALTH SYSTEM IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE IN ADDITION, BATTLE CREEK HEALTH SYSTEM INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1, COLUMN B	ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS KEDRICK ADKINS - 53 HOURS RICHARD O'CONNELL - 53 HOURS MICHAEL SLUBOWSKI - 53 HOURS JOSEPH SWEDISH - 53 HOURS JACK WEINER - 48 HOURS

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2		BATTLE CREEK HEALTH SYSTEM's financial statements were included in the FY 10 consolidated financial statements of Trinity Health, which were audited by an independent public accounting firm

Identifier	Return Reference	Explanation
FORM 990, PART I		DOING BUSINESS AS NAMES ORTHOPAEDIC RENEWAL CENTER, HELPNET EMPLOYEE ASSISTANCE PROGRAM, BATTLE CREEK HEALTH SYSTEM-FSOF, BATTLE CREEK CHEST SURGERY, FIELDSTONE CENTER

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
BATTLE CREEK HEALTH SYSTEM

Employer identification number
38-2776791

Part I

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

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

Part II

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

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

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

Yes

Yes

Yes

No

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

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

Schedule R (Form 990) 2009

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

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 38-2776791

Name: BATTLE CREEK 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			
THOMAS IGNACZAK MD TRUSTEE (THRU 12/09)	2 00	X						11,000	0	1,377
NELSON KARRE CHAIR	3 00	X		X				0	0	0
STEVEN J LINS MD VICE CHAIR	3 00	X		X				0	0	0
GLORIA SMITH PHD RN TRUSTEE (THRU 12/09)	2 00	X						0	0	0
MARGARET SINDT SECRETARY	3 00	X		X				0	0	0
JACK WEINER TRUSTEE	2 00	X						0	989,575	91,399
SESHAGIRI DANDAMUDI MD TRUSTEE (AS OF 1/10)	2 00	X						0	0	0
GARY J WORTZ MD TRUSTEE (THRU 12/09)	2 00	X						0	0	0
KAREN COOPER-BOYER TRUSTEE	2 00	X						0	0	0
ERICK STEWART TRUSTEE	2 00	X						0	0	0
TONI GROSS TRUSTEE	2 00	X						0	0	0
DENISE BROOKS-WILLIAMS PRESIDENT & CEO	50 00	X		X				0	393,611	39,177
SR MARY N HOLYSKO RSM TRUSTEE	2 00	X						0	0	0
BRENDA HUNT TRUSTEE	2 00	X						0	0	0
JAMES E MCHALE TRUSTEE	2 00	X						0	0	0
VICKI L VANDENBERG CPA TREASURER	3 00	X		X				0	0	0
KERRI MURRAY MD TRUSTEE (AS OF 1/10), MED DIR	50 00	X						429,607	0	35,869
NANCY HEITZMAN LASSEN TRUSTEE (AS OF 1/10)	2 00	X						0	0	0
KENNETH C BARTH CFO (THRU 2/10)	50 00			X				0	242,295	51,428
DAVID SOUTHERLAND INTERIM COO (THRU 3/10)	50 00			X				0	309,470	16,356
ANNE REGLING INTERIM CFO (AS OF 2/10)	50 00			X				0	0	0
ANN NEELD VP CHIEF NURSING EXEC	50 00				X			0	246,586	31,097
JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	2 00				X			0	3,023,292	798,303
MICHAEL SLUBOWSKI TRIN PRES HLTH & HOSP NTWK	2 00				X			0	1,617,841	154,389
KEDRICK ADKINS TRINITY PRES INTEG SVCS	2 00				X			0	1,453,695	130,171

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			
RICHARD O'CONNELL TRINITY PRES, HOSP NTK	2 00				X			0	495,143	11,123
JEFFREY MITCHELL VP MEDICAL AFFAIRS (THRU 11/09)	50 00				X			0	405,631	187,411
CHRISTOPHER WILHELMSON MD PHYSICIAN	50 00					X		359,490	0	36,282
SUE TOBIN DO PHYSICIAN	50 00					X		297,363	0	30,541
WENDY FRENCH DO PHYSICIAN	50 00					X		296,052	0	21,377
THOMAS LIPPS MD MED DIRECTOR, OCC/EHP	50 00					X		208,477	0	49,416
GREGORY HARRINGTON DO PHYSICIAN	50 00					X		181,899	0	33,543
PATRICK GARRETT FORMER OFFICER	0 00						X	0	574,566	77,187

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACT LABOR	9,618,102	6,982,277	2,635,825	
BAD DEBT	8,572,554	8,572,554		
I/C PURCHASED SVCS	5,485,686	870,353	4,615,333	
HOSPITAL PROVIDER TAXES	5,166,125	5,166,125		
UBI TAXES	93,146		93,146	

Additional Data

Software ID:
Software Version:
EIN: 38-2776791
Name: BATTLE CREEK HEALTH SYSTEM

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

Part I, Line 6a BATTLE CREEK HEALTH SYSTEM reports its community benefit information as part of the consolidated community benefit information reported by Trinity Health in its annual report, available at www.trinity-health.org In addition, BATTLE CREEK HEALTH SYSTEM includes a copy of its most recently filed schedule H on both its own website and trinity health's website

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

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

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

Part I, Line 7f The following number, \$8,572,554, represents the amount of bad debt expense included in total functional expenses in Form 990, Part IX, Line 25 Per IRS instructions, this amount was excluded from the denominator when calculating the percent of total expense for Schedule H, Part I, Line 7, column (f)

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

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

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

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

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

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

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

Part VI, Line 2 NEEDS ASSESSMENT - BATTLE CREEK HEALTH SYSTEM ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY IT SERVES AS THE BASIS FOR BATTLE CREEK HEALTH SYSTEM'S STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES THE BATTLE CREEK HEALTH SYSTEM COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO - GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING THE BATTLE CREEK HEALTH SYSTEM COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS) THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES THE BATTLE CREEK HEALTH SYSTEM COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF SEPTEMBER 2009 THE ASSESSMENT WAS CONDUCTED BY BATTLE CREEK HEALTH SYSTEM AND INCLUDED SIGNIFICANT REVIEW OF COMMUNITY DATA, INTERVIEWS WITH KEY COMMUNITY LEADERS, ANALYSIS AND SUMMARY BY AN INDEPENDENT COMMUNITY WRITER, AND ASSESSMENT AND REVIEW BY OUR COMMUNITY BENEFIT MINISTRY TEAM

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

Part VI, Line 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - BATTLE CREEK HEALTH SYSTEM IS COMMITTED TO - PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY IN ACCORDANCE WITH AHA RECOMMENDATIONS, BATTLE CREEK HEALTH SYSTEM HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS BATTLE CREEK HEALTH SYSTEM COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE BATTLE CREEK HEALTH SYSTEM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH THE FINANCIAL COUNSELING DEPARTMENT, EMERGENCY DEPARTMENT ASSOCIATES, ADMITTING AND REGISTRATION ASSOCIATES, THE CUSTOMER SERVICE DEPARTMENT, AND CASHIERS THIS INCLUDES, BUT IS NOT LIMITED TO, THE PUBLICATION OF PATIENT BROCHURES AND NOTICES OR MESSAGING INCLUDED ON PATIENT BILLS SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE DEPARTMENT OF HUMAN SERVICES, THE FAMILY HEALTH CENTER AND PHYSICIAN OFFICES INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE FROM FINANCIAL COUNSELORS FOR ALL PATIENTS WHO ARE ADMITTED IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL BATTLE CREEK HEALTH SYSTEM (BCHS) HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS WE MAKE EVERY EFFORT TO ADHERE TO THE POLICY AND ARE COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER BCHS EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES TRAINING IS PROVIDED IN COMPLETING FINANCIAL ASSISTANCE APPLICATIONS, COMPLETING ALL TYPES OF DEPARTMENT OF HUMAN SERVICES APPLICATIONS FOR ASSISTANCE, EFFECTIVE COMMUNICATION SKILLS WITH DIVERSE POPULATIONS AND CUSTOMER RELATIONS THROUGHOUT THE PATIENT'S CARE EXPERIENCE

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

Part VI, Line 4 COMMUNITY INFORMATION - BATTLE CREEK HEALTH SYSTEM SERVES APPROXIMATELY 250,000 PEOPLE IN SOUTH CENTRAL MICHIGAN BCHS WAS FORMED THROUGH THE MERGER OF BATTLE CREEK'S TWO ACUTE CARE HOSPITALS - LEILA Y POST MONTGOMERY HOSPITAL AND COMMUNITY HOSPITAL WE OPERATE AS A 50-50 JOINT VENTURE SPONSORED BY TRINITY HEALTH (ONE OF THE NATION'S LARGEST CATHOLIC SYSTEMS) AND BCHS COMMUNITY PARTNERS (REPRESENTING THE COMMUNITY'S HALF-INTEREST IN THE VENTURE) THE BCHS MAIN CAMPUS IS IN BATTLE CREEK, A MEDIUM-SIZED COMMUNITY OF ABOUT 50,000 THAT IS BEST KNOWN AS HOME TO THE KELLOGG COMPANY BCHS IS THE ONLY ACUTE CARE HOSPITAL IN BATTLE CREEK, BUT STRONG HOSPITAL COMPETITORS ARE LOCATED IN MARSHALL (10 MILES TO THE EAST) AND KALAMAZOO (TWO TERTIARY CARE HOSPITALS 20 MILES TO THE WEST) MAJOR EMPLOYERS IN BATTLE CREEK INCLUDE POST CEREALS, AUTO-PARTS SUPPLIERS DENSO AND II STANLEY, AND THE FEDERAL GOVERNMENT THROUGH BOTH A VA HOSPITAL AND A MAJOR DEFENSE DEPARTMENT CATALOGING SERVICE BATTLE CREEK HEALTH SYSTEM IS AMONG THE AREA'S TOP FIVE EMPLOYERS THE PRIMARY SERVICE AREA FOR BCHS IS THE FOUR ZIP CODES THAT INTERSECT IN THE CENTER OF THE CITY OF BATTLE CREEK ABOUT 70% OF ADMISSIONS COME FROM THESE FOUR ZIP CODES, WITH MOST REMAINING PATIENTS LOCATED IN A SECONDARY SERVICE AREA GENERALLY BOUNDED BY THE CITY OF HASTINGS ON THE NORTH, ALBION ON THE EAST, COLDWATER ON THE SOUTH, AND GALESBURG TO THE WEST POPULATION GROWTH IS MINIMAL WITH MANY YOUNG FAMILIES AND SINGLES LEAVING THE AREA TO FIND EMPLOYMENT OVER THE COMING FIVE YEARS, THE REGION IS PROJECTED TO LOSE POPULATION INDICATORS OF HEALTH, WEALTH AND EDUCATION GENERALLY PORTRAY BATTLE CREEK (AND CALHOUN COUNTY) AS A STRUGGLING COMMUNITY IN A STRUGGLING STATE WHILE MANY SPEAK OF MICHIGAN BEING IN THE MIDST OF A "ONE STATE DEPRESSION," BATTLE CREEK AND CALHOUN COUNTY HAVE FELT RECESSION/DEPRESSION LONGER AND DEEPER THE PER CAPITA INCOME IN CALHOUN COUNTY IS 12% BELOW THE STATE AVERAGE, AND 15 2% OF CALHOUN COUNTY RESIDENTS ARE UNINSURED (3 POINTS ABOVE STATE AVERAGE) FORTY-ONE PERCENT OF CALHOUN COUNTY CHILDREN THROUGH AGE 18 ARE ENROLLED IN MEDICAID, COMPARED WITH 33% STATEWIDE OUR COMMUNITIES ARE PREDOMINANTLY WHITE, EVENLY SPLIT BETWEEN MALES AND FEMALES, WITH MEDIAN INCOMES BELOW THE STATE AVERAGE OUR POPULATION IS DECLINING AMONG THE YOUNG AND INCREASING IN THE 50+ AGE GROUPS WHILE MORE THAN 80% OF RESIDENTS IN BATTLE CREEK REPORT THAT THEY HAVE INSURANCE, A RECENT STUDY INDICATES THAT PERHAPS ONE-THIRD OF THE POPULATION IN OUR GEOGRAPHIC AREA WILL BE WITHOUT HEALTH INSURANCE AT SOME POINT DURING THE YEAR OUR HEALTH STATISTICS REFLECT BELOW AVERAGE ECONOMICS AND EDUCATION, WITH HIGH RATES OF OBESITY, HYPERTENSION, SMOKING, TEEN PREGNANCY, AND DIABETES MINORITY RESIDENTS REPORT GREATER DIFFICULTY ACCESSING HEALTH CARE THAN DO WHITES AND THERE ARE CONCERNS WITH TRANSLATION SERVICES AMONG HISPANICS CALHOUN COUNTY IS DESIGNATED A HEALTH PROFESSIONAL SHORTAGE AREA, INDICATING CONCERNS WITH THE DIFFICULTY TO RECRUIT MEDICAL PROFESSIONALS

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

Part VI, Line 5 COMMUNITY BUILDING ACTIVITIES - BCHS is proud of our extensive collaboration among health care organizations in the region. Our Community Needs Assessment priorities of healthy lifestyles, access to care, perception and trust, and chronic disease programming serves as the basis for Battle Creek Health System as we collaborate with other community healthcare providers. Project 20/20 is a unique collaborative of community leaders that focuses on worthwhile efforts in four areas: economic development, education, healthcare and youth. The group specifically meets one of our identified community needs (access to care) and was formed primarily to build knowledge and confidence among community leaders (perception and trust). Battle Creek Health System leaders are active with our community's largest service club, the Downtown Rotary. CEO Denise Brooks-Williams and CNO Ann Neeld represent the hospital and advocate for health care needs to a strong group of community leaders. Emergency Management: BCHS is active with regional emergency planners and homeland security to assure that the community understands and trusts our preparedness for disaster (perception and trust). Silent Observer: A key component of a healthy community is safety. Battle Creek Health System supports the local Silent Observer and efforts to assure both safety and crime reduction. Most often these efforts impact our financially-challenged neighborhoods - where crime is truly a health issue. Urban League: BCHS supports a unique summer program that assists youth (many African American from financially at-risk families) in the achievement of social and economic equality. Programming includes education, job training and placement, crime prevention, health programs and character building and fits well with all four of our Community Needs Assessment priorities. Healthcare Leadership Forum: Founded by Battle Creek Health System, the Healthcare Leadership Forum provides education and builds relationships among healthcare executives, volunteers, board members and physicians. Across Calhoun County this past year, national speakers presented leading edge solutions and ideas in access to care, alternative and complementary medicine, and chronic disease. Calhoun County Cancer Control Coalition: Founded by a BCHS colorectal surgeon, the Calhoun County Cancer Control Coalition works hard to educate the county on cancer, encourage healthy lifestyles and offer special access to care for those financially at-risk. Key programming included an educational presentation of "The Colossal Colon" at the county fair and several dozen free colonoscopies for financially at-risk community members. Coalition building is also of great importance in our community. Hospital leaders are members of CentraCare (organization established to keep older adults in their homes by meeting the social and health care needs of its participants), Choose Health (community collaborative around nutrition and physical activity), Homeless Coalition, JONAH (Joint-Religious Organizing Network for Action & Hope that empowers ordinary people to effectively participate in the political, environmental, social and economic decisions affecting their lives), Maternal Health Commission and National Association of Health Services Executives. The Regional Health Alliance brings together BCHS, Oaklawn Hospital, the Calhoun County Health Department, Family Health Center and Summit Point (Community Mental Health) with priorities to improve minority health, infant mortality, school wellness, teen pregnancy, healthy lifestyles, and access to care. Health Improvement Advocacy: BCHS shares our Community Needs Assessment and community benefit programming with our legislators. Conversations with legislators in the past year included health care reform, our chronic disease initiative (Pathways to Health) and ideas for improved access to care. Battle Creek Health System managers are active servant/leaders with a variety of health care organizations working in our community. From the Board of Health (which oversees and manages all public health department programming) to the Family Health System (Federally Qualified Health Care organization), to our senior care continuum NorthPointe Woods - BCHS leaders help assure our Community Needs Assessment priorities of healthy lifestyles, access to care, perception and trust, and chronic disease programming are significant considerations with other major health care organizations.

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

Part VI, Line 6 OTHER INFORMATION - BATTLE CREEK HEALTH SYSTEM IS A UNIQUE JOINT VENTURE SPONSORED BY TRINITY HEALTH (ONE OF THE NATION'S LARGEST CATHOLIC SYSTEMS) AND BCHS COMMUNITY PARTNERS (REPRESENTING THE COMMUNITY'S HALF-INTEREST IN THE SYSTEM) OUR GOVERNANCE STRUCTURE INCLUDES TWO NON-PROFIT BOARDS OF DIRECTORS (1) BCHS COMMUNITY PARTNERS WHICH HOLDS RESERVED POWERS REPRESENTING THE COMMUNITY OWNERSHIP OF THE SYSTEM, AND (2) BCHS BOARD OF TRUSTEES WHICH SERVES THE ROUTINE GOVERNANCE RESPONSIBILITIES BCHS COMMUNITY PARTNERS HAS 13 MEMBERS, ALL DRAWN FROM THE LOCAL COMMUNITY BCHS BOARD OF TRUSTEES HAS 15 MEMBERS, PRIMARILY DRAWN FROM THE LOCAL COMMUNITY THREE MEMBERS OF THE BCHS BOARD AND BCHS COMMUNITY PARTNERS SERVE CONCURRENTLY ON BOTH IN ORDER TO FACILITATE EXCHANGE OF INFORMATION BATTLE CREEK HEALTH SYSTEM MAINTAINS AN OPEN MEDICAL STAFF OUR STANDARDS FOR ACCEPTANCE TO THE MEDICAL STAFF ARE VERY HIGH, BUT ALL QUALIFIED PHYSICIANS IN THE COMMUNITY ARE ENCOURAGED AND WELCOME TO JOIN THE BCHS EMERGENCY DEPARTMENT (ED) IS AN ACTIVE SERVICE THAT CARES FOR BETWEEN 45,000-50,000 PATIENTS EACH YEAR THE ED CARES FOR ANYONE, REGARDLESS OF ABILITY TO PAY ELEVEN PERCENT OF OUR ED PATIENTS ARE UNINSURED, AND AN ADDITIONAL 29% ARE ON MEDICAID THE EMERGENCY DEPARTMENT TRULY SERVES AS THE FINAL SAFETY NET FOR BOTH EMERGENT AND PRIMARY CARE IN OUR COMMUNITY CONSISTENT WITH OUR NON-PROFIT STATUS, BATTLE CREEK HEALTH SYSTEM USES OPERATING MARGIN AS A CATALYST FOR REINVESTMENT IN FACILITIES, TECHNOLOGY, STAFF AND MEDICAL SERVICES FOR THE COMMUNITY

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

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

Software ID:
Software Version:
EIN: 38-2776791
Name: BATTLE CREEK HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JACK WEINER	(i)	0	0	0	0	0	0	0
	(ii)	394,565	397,417	197,593	57,845	33,554	1,080,974	105,970
DENISE BROOKS-WILLIAMS	(i)	0	0	0	0	0	0	0
	(ii)	218,295	94,826	80,490	14,007	25,170	432,788	44
KERRI MURRAY MD	(i)	429,299	0	308	6,843	29,026	465,476	0
	(ii)	0	0	0	0	0	0	0
KENNETH C BARTH	(i)	0	0	0	0	0	0	0
	(ii)	217,305	0	24,990	28,062	23,366	293,723	5,723
DAVID SOUTHERLAND	(i)	0	0	0	0	0	0	0
	(ii)	276,000	0	33,470	16,356	0	325,826	0
ANN NEELD	(i)	0	0	0	0	0	0	0
	(ii)	194,297	43,019	9,270	21,135	9,962	277,683	0
JOSEPH SWEDISH	(i)	0	0	0	0	0	0	0
	(ii)	1,214,458	1,607,837	200,997	769,899	28,404	3,821,595	0
MICHAEL SLUBOWSKI	(i)	0	0	0	0	0	0	0
	(ii)	696,108	681,725	240,008	125,922	28,467	1,772,230	94,766
KEDRICK ADKINS	(i)	0	0	0	0	0	0	0
	(ii)	712,415	611,975	129,305	117,250	12,921	1,583,866	0
RICHARD O'CONNELL	(i)	0	0	0	0	0	0	0
	(ii)	440,925	0	54,218	11,123	0	506,266	0
JEFFREY MITCHELL	(i)	0	0	0	0	0	0	0
	(ii)	270,811	67,822	66,998	168,051	19,360	593,042	10,503
CHRISTOPHER WILHELMSON MD	(i)	359,172	0	318	13,068	23,214	395,772	0
	(ii)	0	0	0	0	0	0	0
SUE TOBIN DO	(i)	296,672	0	691	15,680	14,861	327,904	0
	(ii)	0	0	0	0	0	0	0
WENDY FRENCH DO	(i)	295,751	0	301	5,595	15,782	317,429	0
	(ii)	0	0	0	0	0	0	0
THOMAS LIPPS MD	(i)	207,297	0	1,180	40,318	9,098	257,893	0
	(ii)	0	0	0	0	0	0	0
GREGORY HARRINGTON DO	(i)	181,698	0	201	10,658	22,885	215,442	0
	(ii)	0	0	0	0	0	0	0
PATRICK GARRETT	(i)	0	0	0	0	0	0	0
	(ii)	318,771	104,525	151,270	50,631	26,556	651,753	75,430

Software ID:

Software Version:

EIN: 38-2776791

Name: BATTLE CREEK HEALTH SYSTEM

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
ADVANCED IMAGING SERVICES OF BATTLE CREEK 5352 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297	RADIOLOGY/IMAGING	MI	BATTLE CREEK HEALTH SYSTEM	RELATED	306,703	589,231		No			No
ADVENT REHABILITATION LLC 560 FIFTH ST NW STE 404 GRAND RAPIDS, MI49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A	N/A				No			No
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
BSV MEDICAL OFFICE BUILDING II LLC 855 M STREET TENTH FLOOR FRESNO, CA93721 20-2673839	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A				No			No
CCH LABORATORY 775 SOUTH MAIN STREET CHELSEA, MI48118 38-2910400	LABORATORY	MI	N/A	N/A				No			No
CENTRAL OHIO SLEEP MEDICINE LTD 5955 EAST BROAD ST COLUMBUS, OH43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A	N/A				No			No
CLINTON IMAGING SERVICES LLC 1410 NORTH 4TH ST CLINTON, IA 52732 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A				No			No
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446	LABORATORY	MI	N/A	N/A				No			No
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No
HAWARDEN COMMUNITY CLINIC LLC 1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No
IDAHO GYNONCOLOGY SERVICES LLC 1055 N CURTIS RD BOISE, ID83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	N/A	N/A				No			No
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA 50401 42-1328388	MRI SERVICES	IA	N/A	N/A				No			No
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA50401 20-1960348	SURGERY-SAME DAY	IA	N/A	N/A				No			No
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No
MERCY OUTPATIENT SURGERY CENTER LLC 1512 12TH AVENUE ROAD NAMPA, ID83686 84-1380439	OUTPATIENT SURGERY	ID	N/A	N/A				No			No
MICHIANA HEALTH INFORMATION NETWORK LLC 215 WEST MADISON STREET SOUTH BEND, IN46601 35-2050128	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A				No			No
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No
PLAZA SURGICAL CENTER PO BOX 27230 FRESNO, CA93729 37-1463357	AMBULATORY SURGERY	CA	N/A	N/A				No			No
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1531135	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID83706 51-0483218	PHARMACY	ID	N/A	N/A				No			No
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No
TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE DONNELLY, ID83615 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) TRINITY HEALTH - MICHIGAN	L	889,255
(2) ADVANCED IMAGING SERVICES OF BC	C	382,500
(3) ADVANCED IMAGING SERVICES OF BC	K	945,176
(4) LIFESPAN INC	P	175,080
(5) TRINITY HEALTH CORPORATION	B	635,540
(6) TRINITY HEALTH CORPORATION	C	145,165
(7) TRINITY HEALTH CORPORATION	J	343,289
(8) TRINITY HEALTH CORPORATION	L	12,446,260
(9) TRINITY HEALTH CORPORATION	O	10,206,364
(10) TRINITY HEALTH CORPORATION	Q	2,978,347

**Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No 1545-1879

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See Instructions.

2009Department of the Treasury
Internal Revenue Service

Name of exempt organization

BATTLE CREEK HEALTH SYSTEM

Employer identification number

38-2776791**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). If you entered 0 on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	209733883
2a Form 990-EZ check here ▶ ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ ☐	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Signature of officer

Date

INTERIM CFO

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u>[Signature]</u>	Date <u>5/12/11</u>	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶ TRINITY HEALTH				EIN 35-1443425
	27870 CABOT DRIVE				Phone no 248-324-8328
NOVI, MI 48377-2920					

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid
Preparer's
Use Only**Preparer's
signature ▶

Date

Check
if self-
employed ☐

Preparer's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code ▶

EIN

Phone no