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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MADISON ST JOSEPH HEALTH CENTER		D Employer identification number 74-2761145
	Doing Business As		E Telephone number (979) 776-2464
	Number and street (or P O box if mail is not delivered to street address) 2801 FRANCISCAN DRIVE	Room/suite	G Gross receipts \$ 13,805,934
	City or town, state or country, and ZIP + 4 BRYAN, TX 77802		
F Name and address of principal officer ANTHONY PFITZER 2801 FRANCISCAN DR BRYAN, TX 77802		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW ST-JOSEPH ORG/MADISON/DEFAULT HTM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1995
			M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities IN THE FRANCISCAN TRADITION, OUT OF REVERENCE FOR THE DIGNITY OF EVERY PERSON, THE HOSPITAL'S MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY		
	2 Check this box <input type="checkbox"/> 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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	80,000	940
	9 Program service revenue (Part VIII, line 2g)	14,504,490	13,669,655
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	95,473	135,339
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,679,963	13,805,934
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,899,413	6,059,540
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,589,562	7,525,490
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,488,975	13,585,030	
19 Revenue less expenses Subtract line 18 from line 12	190,988	220,904	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,814,918	2,693,587
	21 Total liabilities (Part X, line 26)	1,730,707	1,342,372
22 Net assets or fund balances Subtract line 21 from line 20	1,084,211	1,351,215	

Part II Signature Block

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

Sign Here	Signature of officer _____	Date 2011-11-08
	LISA MCNAIR SR VP/CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Firm's name ▶ ERNST & YOUNG US LLP	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Firm's address ▶ 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204				Firm's EIN ▶ _____
					Phone no ▶ (317) 681-7000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

IN THE FRANCISCAN TRADITION, OUT OF REVERENCE FOR THE DIGNITY OF EVERY PERSON, THE HOSPITAL'S MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY THE HOSPITAL'S PRIMARY MISSION IS TO PROVIDE HEALTH CARE SERVICES TO THE CITIZENS OF MADISON COUNTY, TEXAS, THROUGH ITS ACUTE CARE AND SPECIALTY CARE FACILITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,502,479 including grants of \$) (Revenue \$ 3,231,460)
PROVIDED EMERGENCY CARE TO 9,249 PATIENTS

4b (Code) (Expenses \$ 1,306,651 including grants of \$) (Revenue \$ 555,697)
PROVIDED INPATIENT CARE TO 466 PATIENTS AND A TOTAL OF 2,499 DAYS

4c (Code) (Expenses \$ 902,745 including grants of \$) (Revenue \$ 4,161,864)
PROVIDED 75,329 LAB PROCEDURES FOR INPATIENTS, OUTPATIENTS, AND EMERGENCY DEPARTMENT PATIENTS

4d Other program services (Describe in Schedule O)
(Expenses \$ 6,120,180 including grants of \$) (Revenue \$ 5,720,634)

4e Total program service expenses \$ 9,832,055

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 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		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (5), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
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
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DUANE STANDLEY GOV COUNCIL MEMBER/CHAIRMAN	1 0	X		X				0	0	0
(2) DAVE WARD GOV COUNCIL MEMBER/VICE CHAIR	1 0	X		X				0	0	0
(3) FR MICHAEL BARONE GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
(4) DEBRA DRAKE GOV COUNCIL MEMBER/SECRETARY	1 0	X						0	0	0
(5) GROVER HUBLEY MD GOVERNANCE COUNCIL MEMBER	1 0	X						0	0	0
(6) ANTHONY PFITZER GOVERNANCE COUNCIL MEMBER	1 0	X						0	508,552	32,894
(7) SR ALICE WARRICK GOVERN COUNCIL MEM(TO 10/2010)	1 0	X						0	133,862	12,015
(8) REED EDMUNDSON ADMINISTRATOR/(GCM TO 10/2010)	20 0	X		X				0	187,294	23,788

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					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	940				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼	940				
	Program Service Revenue		Business Code			
2a LAB		622110	4,161,864	4,161,864		
b EMERGENCY DEPT		622110	3,231,460	3,231,460		
c DIAGNOSTIC IMAGING		622110	2,874,888	2,874,888		
d PHARMACY		622110	977,961	977,961		
e INPATIENT CARE		622110	555,697	555,697		
f All other program service revenue			1,867,785	1,867,785		
g Total. Add lines 2a-2f ▼			13,669,655			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		0			
	4 Income from investment of tax-exempt bond proceeds ▼		0			
	5 Royalties ▼		0			
	6a Gross Rents	(i) Real	109,230			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	109,230			
	d Net rental income or (loss) ▼		109,230		109,230	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▼		0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▼			0			
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼		0			
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼		0			
Miscellaneous Revenue		Business Code				
11a MEDICAL RECORD COPIES	900099	13,326		13,326		
b VENDING MACHING	900099	2,818		2,818		
c CAFETERIA MEAL SALES	900099	9,538		9,538		
d All other revenue		427		427		
e Total. Add lines 11a-11d ▼		26,109				
12 Total revenue. See Instructions ▼		13,805,934	13,669,655		135,339	

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	99,515		99,515	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	4,634,498	3,165,887	1,468,611	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	386,665		386,665	
9	Other employee benefits	593,302		593,302	
10	Payroll taxes	345,560	233,990	111,570	
a	Fees for services (non-employees)				
	Management	0			
b	Legal	0			
c	Accounting	55,093		55,093	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	918,589	868,232	50,357	
12	Advertising and promotion	12,508		12,508	
13	Office expenses	1,571,889	1,180,378	391,511	
14	Information technology	11,753	4,470	7,283	
15	Royalties	0			
16	Occupancy	129,645		129,645	
17	Travel	24,659	13,454	11,205	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,323		1,323	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	196,724		196,724	
23	Insurance	43,627		43,627	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS	4,365,644	4,365,644		
b	ASSESSMENT FEE	194,036		194,036	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	13,585,030	9,832,055	3,752,975	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	17,752	1	24,572
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,506,571	4	1,486,738
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	148,805	8	153,399
	9 Prepaid expenses and deferred charges	49,369	9	29,680
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,201,004		
	b Less accumulated depreciation	2,303,531	1,036,796	10c 897,473
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	55,625	15	101,725
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,814,918	16	2,693,587	
Liabilities	17 Accounts payable and accrued expenses	452,944	17	289,871
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,277,763	25	1,052,501
	26 Total liabilities. Add lines 17 through 25	1,730,707	26	1,342,372
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,028,586	27	1,249,490
	28 Temporarily restricted net assets	55,625	28	101,725
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,084,211	33	1,351,215	
34 Total liabilities and net assets/fund balances	2,814,918	34	2,693,587	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,805,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,585,030
3	Revenue less expenses Subtract line 2 from line 1	3	220,904
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,084,211
5	Other changes in net assets or fund balances (explain in Schedule O)	5	46,100
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,351,215

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

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?
4a Was a correction made?
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 function 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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. The table is currently empty.

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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		2,379
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			2,379
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
MEMBERSHIP DUES TO AHA AND THA	SCHEDULE C, PART II-B	MSJHC PAID \$6,110.00 TO AHA AND \$3,693.96 TO THA IN 2010. THE PORTION OF THE DUES THAT WERE USED FOR LOBBYING PURPOSES WAS 24.42% FOR AHA AND 24.00% FOR THA. TOTAL DUES PAID FOR LOBBYING ACTIVITIES WERE (6,110.00 x 24.42%) + (3,693.96 x 24.00%) = \$2,378.61

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MADISON ST JOSEPH HEALTH CENTER

Employer identification number 74-2761145

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 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?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,413		40,413
b Buildings		1,009,336	588,106	421,230
c Leasehold improvements				
d Equipment		2,067,499	1,664,241	403,258
e Other		83,756	51,184	32,572
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				897,473

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
liability for uncertain tax positions under FIN 48 (ASC 740)	Schedule D, Part X, 2	There are no material unrecorded tax liabilities as of December 31, 2010 or 2009

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c 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? 6a Does the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 6 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs (Total: 191,479 expense, 2.080% total expense) and Other Benefits (Total: 292,838 expense, 3.180% total expense).

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense (at cost)	2 1,099,332		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3		
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 a portion of bad debt amounts as community benefit			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 5,251,403		
6 Enter Medicare allowable costs of care relating to payments on line 5	6 5,200,833		
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7 50,570		
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRive BRYAN, TX 77802	X				X		X		

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address

Type of Facility (Describe)

1

1

2

3

4

5

6

7

8

9

10

Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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 financial assistance policy
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.)
- Affiliated health care system.** 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
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
Schedule H, Part I, Line 6a		No, not a formal document, however, in 2010 Madison St Joseph Health Center (MSJHC) reported charity care and community benefits information via the 2010 Texas State Supplement. The Texas State Supplement is a series of questions provided by the State of Texas for electronic submission to the Department of State Health Services, Center for Health Statistics. Schedule H, Part I, Line 7 Charity Care - RCC Other Government Programs - RCC Community Health Improvement Service - Actual General Ledger Expense Health Professions Education - Actual General Ledger Expense Contributions - Actual General Ledger Expense
Schedule H, Part I, Line 7, Column F		Bad Debt Expenses of \$4,365,644 included on Form 990, Part IX, line 25, column A, were subtracted from total expenses for purposes of calculating the percentage in this column
Schedule H, Part I, Line 7g		Madison St Joseph Health center is part of a health system which includes eight rural health clinics, two express care clinics and four acute care facilities. Rural Health Clinics are located in Caldwell, Centerville, Franklin, Hearne, Lexington, Madisonville, Normangee and Somerville. Prenatal care was provided in rural communities eight direct referrals to the delivery site at St Joseph Regional Health Center. This delivery site provides more comprehensive and coordinated care than is available locally.
Schedule H, Part III, Line 4		Note: No footnote in audited financial statements prepared by Ernst & Young. Description of bad debt expense is as follows: Based on historical collection data, bad debt is estimated on month end accounts receivable. For AR balances for patients without insurance, we estimate that 93% of the balance is uncollectible. For those patients who have insurance, we estimate that 50% of the co-insurance and deductibles are uncollectible.
Schedule H, Part III, Line 9B		In accordance with St Joseph Health System Policy #17, St Joseph Health System has established the following payment options to assist guarantors of patient accounts in discharging their financial responsibilities to the Hospital. A completed Financial Assistance (Uncompensated Services) Application accompanied by the required documentation which establishes the qualifications for a Financial Assistance (charity) discount at or prior to the delivery of health care services if the services are scheduled. If unscheduled services are provided, the Financial Assistance (uncompensated services) Application and documentation must be completed and provided to a SJHS team member at the date determined by the SJHS team member. Financial Assistance (uncompensated care) collection process - Until Financial Assistance (charity care/uncompensated care) has been determined either by a completed and approved Financial Assistance Application or by the patient/responsible party's residence being in an impoverished zip code which qualifies for Financial Assistance per the system Financial Assistance policy (SJHS #70), the standard collection process requiring payment for the account will be enforced. Lastly, a patient may qualify as an uninsured patient and receive a discount from billed charges if they are not currently receiving assistance under SJHS's Financial Assistance policy, and either the patient must not have any health insurance coverage, or, the procedure to the patient must not be covered by the health insurance benefits, as confirmed by the health benefits plan.
Needs Assessment		In serving the community, Madison St Joseph Health Center (MSJHC) reviews community health needs annually as a part of its planning process and participates in a formal Community-wide Health needs assessment, with the last one being conducted in 2010. Using information from needs assessment, MSJHC works to improve the health of the community through the delivery of charity and unreimbursed indigent health care, access to primary care through network development in the region it serves and community-based health education and prevention programs. According to results from the 2010 Brazos Valley Health Status Assessment and Background data, the leading causes of death in the Brazos Valley are coronary heart disease, cancer, stroke, accidents and chronic lower respiratory diseases. The most frequently reported chronic diseases and conditions included overweight/obesity, hypertension, high cholesterol, depression, arthritis, and anxiety.
Patient education of eligibility for assistance		Information concerning financial assistance for patients is communicated via Consent for Admission and Registration completion, signage posted in Emergency Rooms and other conspicuous patient traffic areas, financial counselors, patient communications, patient bills and St Joseph Health System website.
Community Information		Madison St Joseph Health Center's primary mission is to provide health care services to the citizens of Madison County, Texas, through its acute care and specialty care facilities.
Promotion of Community Health		Community Building Activities - Madison St Joseph Health Center (MSJHC) First Quarter Affected 388 lives through charity, blood drives, support for Brazos Valley Health Partnership and education programs provided by the staff. Second Quarter Total lives served by blood drives were 60. 131 people received educational newsletters and/or attended CPR, First Aid or Advanced Care Life Support seminars. 27 people received screenings for drug/cholesterol or financial assistance/charity care. Various county health fairs served 521 people. Third Quarter Total lives served through screenings for financial assistance/charity care and other resource activities and health education seminars for this quarter were 322. Fourth Quarter The largest of the county fairs was held in Madison County with 219 lives affected by the fair. During the fair there were 56 cholesterol screenings and 60 flu shots given free of charge to fair attendees. During this quarter there were 125 educational and senior meal newsletters sent to community residence. 16 lives were served by medication assistance program, 56 senior meals program clients received groceries in December, 60 senior meal program clients received gifts in December, and 94 community residence received health education seminars, resource activities or CPR/First Aid seminars. In 2010 MSJHC provided rent, utilities, salaries and benefits in the amount of \$75,475 for the Madison Health Resource Center (MHRC). The mission of MHRC is to improve access to care and the health status of Madison County residents through collaboration and coordination of services. THE MHRC is a place where many different kinds of services are offered and many kinds of help can be found. Some of the services and partners are Brazos Valley Community Action Agency - Energy Housing - provides energy assistance, weatherization, and affordable housing, Madison County Community Center - provides primary care to people with Medicare, Medicaid, and no insurance, Brazos Valley Council on Alcohol & Substance Abuse - substance abuse prevention, intervention, education, screening and referral services, Brazos Valley Area Agency on Aging - provides rides for health-related needs, Child Care Management Services - helps with child care expenses, County Indigent Health Care - financial assistance for physician visits and prescriptions, Lone Star Legal Aid - free civil legal assistance for low income individuals and families who have immediate needs and can't afford an attorney, Medication Assistance Program - provides assistance in obtaining prescriptions at a reduced cost-based on income, MHMR Early Childhood Intervention - Mental health services to children under 3 years old, Phoebe's Home - provides services for victims of domestic violence and their children, Project Unity - case management addressing family needs including health, medication assistance, employment, housing and child care, Ronny Baker, Audiologist - screening and care for hearing needs, Senior meals - provides nutritious lunch for eligible seniors over the age of 60 that are homebound, Sexual Assault Resource Center - provides support services for all victims of sexual assault, Texas Department of State Health Services - children with special health care needs, public health nursing, Texas health steps, Twin City Mission Youth and Family Services - provides counseling services to at-risk youth ages 0-17, United Way of the Brazos Valley - 2-1-1 - Dial 211 from your telephone for information and referral service. In 2010 845 residence received the above service or service coordination. In 2010, MHRC collected and distributed toys in partnership with N. Zulch 4H Club for 67 children. MHRC also provided a Volunteer Appreciation Lunch for 60.
Affiliated health care system		Madison St Joseph Health Center (MSJHC) is a 25-bed critical access hospital in Madisonville, Texas offering a Level IV Trauma Center, inpatient and outpatient services. The hospital was established by Madison County and has been an integral part of the community since its inception. It joined the St Joseph Health System in 1995. St Joseph owns and operates MSJHC, which serves Madison and the surrounding counties. The other facilities in the St Joseph Health System are as follows: St Joseph Regional Health Center is the anchor facility for St Joseph Health System, a health ministry of the Sisters of St Francis of Sylvania, Ohio. Established in 1936, SJRHC is a 310-bed health care center offering the community's Lead Level III Trauma Center, an extensive inpatient and outpatient surgery program, and is known throughout the region for its cardiac, cancer and rehabilitation programs. Burleson St Joseph Health Center (BSJHC) is a 25-bed critical access hospital in Caldwell, Texas offering a Level IV Trauma Center, inpatient and outpatient services. The hospital was established by Burleson County and has been an integral part of the community since its inception. It joined the St Joseph Health System in 1995. St Joseph has a long-term lease to manage and operate Burleson St Joseph Health Center, which is owned by the Burleson County Hospital District and provides services to an under-served rural population. Grimes St Joseph Health Center (GSJHC) is a 25-bed critical access hospital in Navasota, Texas offering a Level IV Trauma Center, inpatient, outpatient and day surgery services. The hospital was established by Grimes County and has been an integral part of the community since its inception. In 1996 it became part of St Joseph Regional Health Center. St Joseph has a long-term lease to manage and operate GSJHC, which is owned by Grimes County. All three Critical Access Hospitals provide comprehensive care in a general acute care hospital setting, offering inpatient as well as outpatient services in emergency care, therapy and athletic injuries and more. They offer imaging services during normal business hours and in some cases after hours and on weekends. All three facilities are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). St Joseph Health System operates eight rural health clinics in many areas of the Brazos Valley including the communities of Caldwell, Somerville, Lexington, Hearne, Franklin, Normangee, Centerville and Madisonville. All eight clinics offer general family medical services for people of all ages, including physicals, blood draws, X-rays and care for minor injuries. Active families have their fair share of bruises and bumps, injuries and illnesses. When there are urgent medical needs, but circumstances do not allow for a family doctor visit, St Joseph Express is available. Some of the benefits of Express are: no appointments necessary, lab and X-ray on site, staffed by St Joseph Physician Associates doctors, and most insurances are accepted. St Joseph Rehabilitation Center (SJRC) is located near the Blinn Campus on Joseph Drive in Bryan. The Center opened in November of 1997 and is the only free-standing CARF accredited Inpatient Rehabilitation Center in the Brazos Valley and surrounding communities. Inpatient rehabilitation is a specialized service that offers patients recovering from illness or injury an intense interdisciplinary process comprised of a team of clinicians to promote independence, quality of life and return to a safe and fulfilling lifestyle in the home setting. In simple terms, inpatient rehabilitation is designed to help return the patient home at their highest level of independence. In addition to treating the patients SJRC also has a strong focus on family involvement and education to facilitate the return home. St Joseph Manor (SJM) offers assisted living for the unsteady elderly, dementia care for those with Alzheimer's disease, and skilled and/or intermediate nursing care for those needing complete care. SJM understands that making the decision about the care of family and loved ones is a difficult thing to do. In addition to the outstanding facilities and programs offered at SJM, our staff lives our values every day. Their commitment to reverence, service, and stewardship guide their decisions and the relationships they have with SJM residents and their families. A brief summary of how MSJHC and the above facilities provided community benefits to the residents of the Brazos Valley during 2010 follows: Surrounded by hundreds of square miles of agricultural countryside, the Brazos Valley is primarily a rural region with a central population hub located in the twin cities of Bryan and College Station, Texas. Combine the fact that one in four Brazos Valley residents do not have health insurance with the logistical challenges of providing healthcare to rural populations and there is a wealth of opportunities for St Joseph Health System (SJHS) to provide community benefit to thousands of households across the region. In 2010, SJHS saw a dramatic increase in the amount of uncompensated care (both charity care and bad debt) it provided to Brazos Valley residents. The system budgeted over \$20 million in uncompensated care costs and ended the year providing \$25.2 million, exceeding budgeted costs by almost \$5.2 million, or 26%. In the past five years SJHS uncompensated care costs have gone from \$20 million to \$25.2 million annually, an increase of 26 percent. For more than 74 years SJHS has focused on building community relationships and providing health services as well as encouraging education and awareness that will help residents improve their health status. SJHS has created dozens of formal and informal associations among groups, organizations and institutions that deliver and coordinate healthcare. As one of the founders of the Brazos Valley Health Partnership, SJHS works to provide space and logistical support for these health partnerships. Through its rural hospitals and clinics, families are provided with resources on health, housing, employment and social services in three regional locations. Thousands of individuals have limited access to transportation can enjoy most of the available resources at one of these one-stop partnership locations. In 2010, the Partnership served more than 8,970 people. SJHS also provides funding and resource support for several free or low-cost clinics, such as Health For All and the Prenatal Clinic, which helps residents to be less reliant on Emergency Room services. Most SJHS facilities provide practical training for nursing and allied health students from local high schools, Blinn College and Texas A&M University. Health education is supported through stewardship efforts. In 2010, Burleson St Joseph Health Center donated ten "retired" hospital beds to the local high school science and technology program that trains students for health careers. In fulfilling its mission to "promote wellness to all," SJHS provides more community health education and awareness opportunities than any other provider in the region by offering dozens of health programs, seminars and screenings to residents each year. In 2010, more than 400 local residents attended an evening of free lectures and breakout sessions on Alzheimer's disease sponsored by St Joseph as a part of the annual Texas Brain and Spine Institute Symposium. Additionally, more than 800 residents attend St Joseph Spirit of Women education events, ranging from a new Year, New You wellness program to the annual Day of Dance for Heart Health event at the local shopping mall. Also in 2010, the St Joseph Gold Medallion Club attracted more than 1,400 participants at its monthly lunch and learn programs for people fifty and over that helped educate them about health topics such as hypertension and diabetes. Together with education comes awareness, which often means some form of screening programs for the public. St Joseph Healthy Communities has conducted an annual HeartScore screening (blood cholesterol, glucose, blood pressure) for more than ten years, and in 2010, screened 411 community members, many of them in rural health clinics. For the past 3 years, SJHS has offered residents a free online screening program for heart disease through its web site line, www.sjprevention.com. In 2010, the screening, which was completed by 1,274 was expanded to include a screening for vascular disease and stroke. Efforts to improve the health of the community residents are also evident in the actions of team members across the region. From the SJRHC chef who conducts free culinary classes for the community to the laboratory coordinator who volunteers her time to get people in shape to run marathons, SJHS team members have a remarkable dedication to the community. Although most of the volunteer activities occur in the Brazos Valley, some extend over great distances, such
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	TX,

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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 from the organization or a related organization?

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

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

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) ANTHONY PFITZER	(i)	0	0	0	0	0	0	0
	(ii)	461,925	12,492	34,135	21,573	11,321	541,446	0
(2) REED EDMUNDSON	(i)	0	0	0	0	0	0	0
	(ii)	171,839	5,029	10,426	13,851	9,937	211,082	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information		ANY COMPENSATED OFFICERS LISTED ARE EMPLOYEES OF ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) AND ALL COMPENSATION INFORMATION IS REPORTED UNDER EIN 74-1282696 WITH THE EXCEPTION OF REED EDMUNDSON WHO RECEIVES PART COMPENSATION FROM MADISON ST JOSEPH HEALTH CENTER (MSJHC) MSJHC RELIES ON SJRHC WHICH USES (A) COMPENSATION COMMITTEE, (B) WRITTEN EMPLOYMENT CONTRACT, (C) INDEPENDENT COMPENSATION CONSULTANT, (D) COMPENSATION SURVEY OR STUDY, AND (E) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF TOP MANAGEMENT OFFICIALS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, QUESTION 4D	PROVIDE IMAGING SERVICES GENERATING \$2,874,888 IN REVENUE AT A COST OF \$584,229, PROVIDE PHARMACEUTICAL SERVICES GENERATING \$977,961 IN REVENUE AT A COST OF \$380,887, PROVIDE CARDIOPULMONARY SERVICES GENERATING \$784,960 IN REVENUE AT A COST OF \$374,636, PROVIDE PHYSICAL THERAPY SERVICES GENERATING \$384,014 IN REVENUE AT A COST OF \$193,058, PROVIDE SUPPLIES TO PATIENTS GENERATING \$351,034 IN REVENUE AT A COST OF \$46,646, MISCELLANEOUS OTHER SERVICES GENERATING \$347,777 IN REVENUE AT A COST OF \$157,079, BAD DEBTS OF \$4,365,644

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	Bylaw s Section 1 Membership The membership of the Corporation shall consist of one (1) class and the only member of the Corporation shall be St Joseph Services Corporation, d/b/a St Joseph Health System, a Texas nonprofit corporation (hereinafter referred to as "St Joseph Health System" or "SJHS" or the "Member")

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND NATURE OF THEIR RIGHTS	Form 990, Part VI, Question 7A & 7B	<p>Bylaw s Section 2 Reserved Pow er Exercisable by Member Alone In addition to, and not in limitation of, the pow ers reserved to members of nonprofit corporations by law and pursuant to the Articles of Incorporation and other provisions of these Bylaw s, action by St Joseph Health System in its capacity as sole Member of the Corporation (and subject to approval by the member of SjHS, Franciscan Services Corporation ("FSC") w hen required by its Articles of Incorporation or Bylaw s) shall be required and shall be sufficient a) to adopt or change the philosophy, objectives, purposes, or ethical or religious standards of the Corporation and of organizations controlled by the Corporation, b) to appoint the Governance Council Members and to remove them at w ill, w ith or w ithout cause, as provided in Article IV, Section 2 and 4 of these Bylaw s, c) to appoint and remove the CEO as provided in Article VI, Section 6 of these Bylaw s, d) to amend or repeal the Articles of Incorporation, e) to amend or repeal the Bylaw s of the Corporation as provided in Article XIV of these Bylaw s, f) to dissolve or terminate the existence of the Corporation and to determine the distribution of assets upon such dissolution or termination in accordance w ith the Articles of Incorporation, and g) to take any action necessary to conform the purposes and activities of the Corporation w ith the traditions, teachings and Canon Law of the Roman Catholic Church as may be in effect from time to time</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS USED BY MANAGEMENT/GOVERNING BODY TO REVIEW 990	Form 990, Part VI, Question 11	2010 FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEE'S PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO IRS. THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEE'S REVIEW BEFORE THE FINAL 2010 FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS. THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR TAX RETURN PREPARERS, ERNST & YOUNG, IF REQUESTED BY TRUSTEES.

Identifier	Return Reference	Explanation
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	<p>In accordance with St Joseph Health System Policy No 38, "Conflict of Interest," Section 6 Disclosure Statement " A Conflict of Interest Statement shall be executed by all Designated Persons, which will be retained by the Corporation in its administrative office This Statement shall be renewed at least annually at the request of the Corporation and at any time that a Conflict of Interest may arise " To help ensure that Disclosure Statements are completed annually by all Board of Trustee members, the CEO's office summarizes all conflicts of interest disclosed by each entity's trustees In 2010, the summary was presented as an agenda item at each entity's Board of Trustees meeting held in April 2010 The review is performed by the office of the CEO where Disclosure Statements are also filed for trustees Other designated persons' disclosure statements are filed in individual personnel files if employed by SJRHC</p> <p>WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY Form 990, Part VI, Line 13 and 14 The organization follows the policies of the St Joseph Health System to which it is an affiliate The policy in that includes the whistleblower policy and the document retention and destruction policy are documented and are approved by the President and CEO of the System The bylaws of St Joseph Health System state " The President/CEO shall have all authority and responsibility necessary to operate the Corporation in all its activities and departments, subject only to such policies as may be issued by the board The President/CEO shall act as a duly authorized representative of the Board and of the Corporation in all matters in which the Board has not formally designated some other person to act "</p> <p>Therefore, the President/CEO by the authority granted to him in the above paragraph approves the policies During the last 2011 St Joseph Health System board meeting the two policies will be approved by the Board</p>

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI RECONCILIATION OF NET ASSETS- LINE 5	CHANGE IN BENEFICIAL INTEREST IN NET ASSETS \$46,100

Identifier

**Return
Reference**

Explanation

HOURS DEVOTED FOR RELATED
ORGANIZATION

FORM 990 PART
VII

NAME ANTHONY PFITZER TITLE GOVERNANCE COUNCIL MEMBER
HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SR ALICE WARRICK TITLE GOVERN COUNCIL MEM(TO 10/2010) HOURS 34

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REED EDMUNDSON TITLE ADMINISTRATOR/(GCM TO 10/2010) HOURS 20

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

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

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ST LEONARD CTR LIM 88E BROAD ST COLUMBUS, OH43215 31-1481761	LOW INCOME RENTAL	OH	NA	N/A								

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
(1) ALLIANCE HEALTH PROVIDERS 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2466914	COORD INSURANCE	TX	NA	CORPORATION			
(2) ST JOSEPH PHYSICIAN NETWORK 2801 FRANCISCAN DR BRYAN, TX77802 74-2764039	PHYS HOSP ORG	TX	NA	CORPORATION			
(3) TAU ENTERPRISES 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2544009	OFFICE RENTAL	TX	NA	CORPORATION			
(4) ST LEONARD CENTER 1 INC 8100 CLYO RD CENTERVILLE, OH45458 31-1481764	LOW INCOME RENTAL	OH	NA	CORPORATION			

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		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	(d) Method of determining amount involved
(1) ST JOSEPH REGIONAL HEALTH CENTER	O	723,892	
(2) ST JOSPEH PHYSICIAN ASSOCIATES	O	221,000	
(3) BURLESON ST JOSEPH HEALTH CENTER	P	230,904	
(4) ST JOSEPH REGIONAL HEALTH CENTER	N	80,000	
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 74-2761145
Name: MADISON ST JOSEPH HEALTH CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2455161	GOVERNANCE	TX	501(c)(3)	11-TYPE I	FSC		
ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-1282696	HEALTH CARE	TX	501(c)(3)	3	SJSC		
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2759890	HEALTH CARE	TX	501(c)(3)	3	SJSC		
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2847594	NURSING CARE	TX	501(c)(3)	9	SJSC		
BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2913931	NURSING CARE	TX	501(c)(3)	9	SJSC		
ST JOSEPH FOUNDATION 2801 FRANCISCAN DRIVE BRYAN, TX77802 74-2351158	FUND RAISING	TX	501(c)(3)	11-TYPE I	SJSC		
ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX77802 20-3159302	PHY PRACTICE	TX	501(c)(3)	3	SJSC		
FRANCISCAN SERVICES CORP 6832 CONVENT BLVD SYLVANIA, OH43560 34-1412964	CHURCH ORG	OH	501(c)(3)	1	NA		
FRANCISCAN CARE CENTER SYLVANIA 4111 HOLLAND SYLVANIA RD TOLEDO, OH43623 34-1931806	LT CARE FCLT	OH	501(c)(3)	9	FLC		
FRANCISCAN LIVING COMMUNITIES 6832 CONVENT BLVD SYLVANIA, OH43560 34-1892096	MGT SUPPORT	OH	501(c)(3)	11-TYPE I	FSC		
FRANCISCAN PROPERTIES INC 6832 CONVENT BLVD SYLVANIA, OH43560 34-1412966	SR HOUSING	OH	501(c)(3)	9	FLC		
MADONNA MANOR 2344 AMSTERDAM RD VILLA HILLS, KY41017 61-0654635	LT CARE FCLT	KY	501(c)(3)	9	FLC		

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PROVIDENCE CARE CENTER 2025 HAYES AVE SANDUSKY, OH44870 34-1658625	LT CARE FCLT	OH	501(c)(3)	9	FLC		
PROVIDENCE RESIDENTIAL COMM CORP 5055 PROVIDENCE DR SANDUSKY, OH44870 34-1896807	INDEPNDT LIV	OH	501(c)(3)	9	PCC		
THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DR SANDUSKY, OH44870 34-1826097	ASSISTED LIV	OH	501(c)(3)	9	PCC		
ROSARY CARE CENTER 6832 CONVENT BLVD SYLVANIA, OH43560 34-1931795	LT CARE FCLT	OH	501(c)(3)	9	FLC		
ST LEONARD 8100 CLYO RD CENTERVILLE, OH45458 34-1940863	LT CARE FCLT	OH	501(c)(3)	9	FLC		
ST LEONARD FOUNDATION 8100 CLYO RD CENTERVILLE, OH45458 32-0102715	FUND RAISING	OH	501(c)(3)	7	FLC		
FRANCISCAN SHELTERS DBA BETHANY HOUSE 6832 CONVENT BLVD SYLVANIA, OH43560 34-1612437	D V SHELTER	OH	501(c)(3)	1	FSC		
SOPHIA CENTER 6832 CONVENT BLVD SYLVANIA, OH43560 34-1761656	MENTAL HLTH	OH	501(c)(3)	9	FSC		
TRINITY HEALTH SERVICES CORPORATION 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2605157	HOLDING COMP	TX	501(c)(3)	11-TYPE I	THS		
TRINITY COMMUNITY MEDICAL CENTER 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2519752	HOSPITAL	TX	501(c)(3)	3	THSC		
TRINITY CARE CENTER 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2663229	LT CARE FCLT	TX	501(c)(3)	9	THSC		
TRINITY HEALTH SERVICES FOUNDATION 700 MEDICAL PARKWAY BRENHAM, TX77833 74-2460815	FUND RAISING	TX	501(c)(3)	7	THSC		

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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SISTERS OF ST FRANCIS 6832 CONVENT BLVD SYLVANIA, OH43560 34-4450609	RELIGIOUS	OH	501(c)(3)	RELIGIOUS	NA		
FRANCISCAN SERVICES CORP SELF INSURANCE 6832 CONVENT BLVD SYLVANIA, OH43560 34-6895492	SELF INSUR	OH	501(c)(3)	11-TYPE II	FSC		
ST CLARE COMMONS 6832 CONVENT BLVD SYLVANIA, OH43560 27-0163752	LT CARE FCLT	OH	501(c)(3)	9	FLC		