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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 07-01-2010 and ending 06-30-2011

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

C Name of organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Doing Business As
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1055 NORTH CURTIS ROAD

City or town, state or country, and ZIP + 4
BOISE, ID 83706

D Employer identification number
82-0200895

E Telephone number
(208) 367-2121

G Gross receipts $ 510,563,144

F Name and address of principal officer
SALLY JEFFCOAT
1055 NORTH CURTIS ROAD
BOISE,ID 83706

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW SARMC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1958 | **M** State of legal domicile ID

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HEALTHCARE SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	4,034
6	Total number of volunteers (estimate if necessary)	**6**	2,440
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	19,518
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,900,167	2,676,617
	9 Program service revenue (Part VIII, line 2g)	438,611,592	491,985,879
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,602,454	8,733,371
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,850,488	6,386,801
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	449,964,701	509,782,668
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	884,456	903,155
	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)	193,960,296	228,588,769
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,127,248		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	241,355,859	269,003,649
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	436,200,611	498,495,573
	19 Revenue less expenses Subtract line 18 from line 12	13,764,090	11,287,095

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	564,591,645	588,441,049
	21 Total liabilities (Part X, line 26)	226,076,616	271,096,178
	22 Net assets or fund balances Subtract line 21 from line 20	338,515,029	317,344,871

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: 2012-05-11

BLAINE PETERSON CFO, ST ALPHONSUS HEALTH SYSTM
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

HEALTHCARE SERVICES - SEE LINE 4 AND SCHEDULE H FOR ADDITIONAL INFORMATION

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 426,650,799 including grants of $ 903,155) (Revenue $ 496,412,518)

SAINT ALPHONSUS REGIONAL MEDICAL CENTER, A NOT-FOR-PROFIT CORPORATION, OWNS AND OPERATES AN ACUTE CARE HOSPITAL IN BOISE, IDAHO THE HOSPITAL PROVIDES SERVICES TO RESIDENTS OF THE LOCAL GEOGRAPHIC REGION THE HOSPITAL IS A MEMBER OF TRINITY HEALTH, AN INDIANA NOT-FOR-PROFIT CORPORATION SPONSORED BY CATHOLIC HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON OF THE HOLY ROMAN CATHOLIC CHURCH FOR MORE INFORMATION ON SPECIFIC SERVICES PROVIDED, PLEASE SEE SAINT ALPHONSUS REGIONAL MEDICAL CENTER'S WEBSITE AT WWW SARMC ORG THE MISSION STATEMENT OF THE HOSPITAL IS AS FOLLOWS WE SERVE TOGETHER IN TRINITY HEALTHIN THE SPIRIT OF THE GOSPEL

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

TO HEAL BODY, MIND, AND SPIRITTO IMPROVE THE HEALTH OF OUR COMMUNITIESAND TO STEWARD THE RESOURCES ENTRUSTED TO US

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 426,650,799

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	680		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,034		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Does the organization have members or stockholders?	6		Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

KENNETH FRY CFO
1055 NORTH CURTIS ROAD
BOISE,ID 83706
(208) 367-3445

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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								4,974,272	8,773,313	2,259,224

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 245

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
REHABILITATION MANAGEMENT ASSOCIATES INC 901 N CURTIS 204 BOISE, ID 83706	REHABILITATION SERVICES	6,396,772
INTERMOUNTAIN MEDICAL IMAGING LLC 877 WEST MAIN ST STE 603 BOISE, ID 83702	RADIOLOGY SERVICES	3,649,285
BOISE ANESTHESIA PA PO BOX 5641 PORTLAND, OR 97228	ANESTHESIA SERVICES	1,620,674
TREASURE VALLEY LABORATORY PO BOX 2693 SPOKANE, WA 99220	LABORATORY SERVICES	1,565,563
SAGE PSYCHIATRIC MANAGEMENT PLLC 413 N ALLUMBAUGH BOISE, ID 83702	PSYCHIATRIC SERVICES	1,228,927
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 108		

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	381,961				
	d Related organizations . . . 1d	174,612				
	e Government grants (contributions) 1e	859,053				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,260,991				
	g Noncash contributions included in lines 1a-1f $	67,536				
	h **Total.** Add lines 1a-1f . . . . . ▶		2,676,617			
Program Service Revenue		Business Code				
	2a NET PATIENT SVC REV	900099	486,621,627	486,621,627		
	b INTERCO ALLOCATION	900099	5,364,252	5,364,252		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		491,985,879			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,401,719			3,401,719
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	362,809				
	b Less rental expenses					
	c Rental income or (loss)	362,809				
	d Net rental income or (loss) . . . . . ▶		362,809			362,809
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	5,665,110 / 70,008				
	b Less cost or other basis and sales expenses	403,466				
	c Gain or (loss)	5,665,110 / -333,458				
	d Net gain or (loss) . . . . . ▶		5,331,652			5,331,652
Other Revenue	8a Gross income from fundraising events (not including $ 381,961 of contributions reported on line 1c) See Part IV, line 18 . . . a	419,495				
	b Less direct expenses . . . b	376,910				
	c Net income or (loss) from fundraising events . . ▶		42,585			42,585
	9a Gross income from gaming activities See Part IV, line 19 . a	10,323				
	b Less direct expenses . . . . . b	100				
	c Net income or (loss) from gaming activities . . ▶		10,223			10,223
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA REVENUE	900099	1,525,387			1,525,387
	b BIO-MEDICAL REPAIR	811000	19,518		19,518	
	c					
	d All other revenue		4,426,279	4,426,279		
	e **Total.** Add lines 11a–11d . . . . . ▶		5,971,184			
	12 **Total revenue.** See Instructions . . . ▶		509,782,668	496,412,158	19,518	10,674,375

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	829,083	829,083		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	74,072	74,072		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,118,708		3,118,708	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	54,640	54,640		
7	Other salaries and wages	185,849,133	173,473,590	12,047,571	327,972
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,096,611	12,326,452	746,847	23,312
9	Other employee benefits	13,973,536	12,956,508	992,513	24,515
10	Payroll taxes	12,496,141	11,091,966	1,380,722	23,453
a	Fees for services (non-employees) Management	1,406,300	1,377,827	28,473	
b	Legal	1,415,151	196,456	1,218,695	
c	Accounting	66,426	4,250	62,176	
d	Lobbying	60,549		60,549	
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees				
g	Other	50,032,811	45,726,021	3,991,986	314,804
12	Advertising and promotion	2,521,539	619,959	1,851,053	50,527
13	Office expenses	7,671,812	4,857,996	2,543,820	269,996
14	Information technology	20,670,114	391,933	20,278,181	
15	Royalties				
16	Occupancy	9,734,991	9,549,821	180,055	5,115
17	Travel	1,412,520	888,235	470,441	53,844
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,793,130	7,793,130		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,313,520	24,273,213	4,039,874	433
23	Insurance	3,933,956	665,361	3,268,595	
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	MEDICAL SUPPLIES	83,953,333	83,953,333		
b	BAD DEBT	20,304,902	20,304,902		
c	INTERCO PURCHASED SVCS	8,430,470	1,088,932	7,341,538	
d	CONTRACT LABOR EXPENSE	7,792,609	1,235,401	6,557,208	
e	HOSPITAL PROVIDER TAX	6,476,995	6,476,995		
f	All other expenses	7,012,521	6,440,723	538,521	33,277
25	**Total functional expenses.** Add lines 1 through 24f	498,495,573	426,650,799	70,717,526	1,127,248
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		7,663,251	1	2,135,737
	2	Savings and temporary cash investments		2,111,489	2	3,579,548
	3	Pledges and grants receivable, net		676,909	3	389,843
	4	Accounts receivable, net		68,535,958	4	69,863,287
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	20,000
	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		444,342	7	417,116
	8	Inventories for sale or use		6,616,014	8	5,830,294
	9	Prepaid expenses and deferred charges		985,208	9	941,931
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 459,876,658			
	b	Less accumulated depreciation	10b 196,554,463	272,042,718	10c	263,322,195
	11	Investments—publicly traded securities		123,331,106	11	112,223,910
	12	Investments—other securities See Part IV, line 11		48,265,902	12	95,472,730
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		33,918,748	15	34,244,458
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		564,591,645	16	588,441,049
Liabilities	17	Accounts payable and accrued expenses		49,760,199	17	59,983,631
	18	Grants payable			18	
	19	Deferred revenue		248,000	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		176,068,417	25	211,112,547
	26	**Total liabilities.** Add lines 17 through 25		226,076,616	26	271,096,178
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		335,200,057	27	313,375,480
	28	Temporarily restricted net assets		3,314,972	28	3,969,391
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		338,515,029	33	317,344,871
	34	Total liabilities and net assets/fund balances		564,591,645	34	588,441,049

Part XI Reconcilliation 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	509,782,668
2	Total expenses (must equal Part IX, column (A), line 25)	2	498,495,573
3	Revenue less expenses Subtract line 2 from line 1	3	11,287,095
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	338,515,029
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-32,457,253
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	317,344,871

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

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?

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

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

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

Part II **Support Schedule for Organizations Described in 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 section501(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).

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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	Employer identification number
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	82-0200895

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

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

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
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		43,497
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		65,549
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		2,145
i	Other activities? If "Yes," describe in Part IV	Yes		4,670
j	Total lines 1c through 1i			115,861
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	LOBBYING ACTIVITIES PERFORMED BY SAINT ALPHONSUS REGIONAL MEDICAL CENTER (SARMC) INCLUDED THE RETENTION OF AN INDIVIDUAL WHO WAS PAID A RETAINER TO PERFORM THE FOLLOWING 1 MONITOR AND REPORT ON ALL SIGNIFICANT DEVELOPMENTS IN IDAHO STATE LEGAL, LEGISLATIVE, POLICY AND REGULATORY MATTERS AFFECTING SARMC 2 REGULARLY MEET IDAHO STATE OFFICIALS ON ISSUES OF CONTINUING CONCERN AND INTEREST TO SARMC AND REPORT THE RESULTS OF SUCH MEETINGS 3 MONITOR ALL LEGISLATION INTRODUCED DURING EACH LEGISLATIVE SESSION, LOBBY AGAINST LEGISLATION DETERMINED TO BE ADVERSE TO SARMC AND LOBBY IN FAVOR OF ALL MATTERS OF INTEREST AND CONCERN TO SARMC DURING THE SAME LEGISLATIVE SESSION SAINT ALPHONSUS REGIONAL MEDICAL CENTER ALSO PAYS DUES TO SEVERAL HEALTH ASSOCIATIONS WHO USE A PORTION OF THESE DUES FOR LOBBYING PURPOSES THESE ORGANIZATIONS HAVE PROVIDED SARMC WITH AN ESTIMATED PERCENTAGE OF DUES PAYMENTS WHICH ARE USED FOR LOBBYING ACTIVITIES THAT LOBBYING PORTION IS AS FOLLOWS IDAHO HOSPITAL ASSOCIATION - $34,185, AMERICAN HOSPITAL ASSOCIATION - $5,381, CATHOLIC HOSPITAL ASSOCIATION - $3,932 SARMC EXECUTIVES ATTENDED "ADVOCACY ACTION DAYS" IN WASHINGTON D C DURING THEIR VISITS TO CAPITAL HILL, PARTICIPANTS DISCUSSED THE FOLLOWING -COVERAGE FOR THE UNINSURED -QUALITY AND EFFICIENCY OF HEALTH CARE -ALIGNMENT OF PAYMENT INCENTIVES IN MEDICARE AND MEDICAID -SAFEGUARDING THE MISSION OF TAX-EXEMPT HOSPITALS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	10,237,747	8,914,610	11,601,314		
b Contributions					
c Investment earnings or losses	3,033,233	1,704,880	-2,363,278		
d Grants or scholarships					
e Other expenditures for facilities and programs	362,158	381,743	323,426		
f Administrative expenses					
g End of year balance	12,908,822	10,237,747	8,914,610		

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,284,141	8,129,490		9,413,631
b Buildings		306,260,582	102,500,843	203,759,739
c Leasehold improvements				
d Equipment		135,940,104	94,053,620	41,886,484
e Other		8,262,341		8,262,341
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				263,322,195

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ABSOLUTE RETURN STRATEGY FUNDS	44,200,338	F
(B) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES	12,376,095	F
(C) BOND FUND	38,896,297	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	95,472,730	

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

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

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

(a) Description	(b) Book value
(1) INTERCOMPANY NOTES RECEIVABLES	765,255
(2) OTHER RECEIVABLES	2,370,677
(3) INTERCOMPANY OTHER LONG TERM ASSETS	23,323,365
(4) INTERCOMPANY RECEIVABLES	4,673,544
(5) INVESTMENT IN UNCONSOLIDATED AFFILIATES	3,111,617
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	34,244,458

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY ACCOUNTS PAYABLE	4,995,141
DEFERRED COMPENSATION LIABILITY	3,111,139
ASSET RETIREMENT OBLIGATION (FIN 47)	677,812
INTERCOMPANY NOTES PAYABLE	202,184,901
OTHER LONG TERM LIABILITIES	143,554
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	211,112,547

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS ARE FOR - PROJECTS DESIGNED TO ELEVATE THE QUALITY OF HEALTHCARE (INTERNAL GRANTS) - PROJECTS TO MEET IMMEDIATE NEEDS RELATED TO PATIENT CARE QUALITY (OPPORTUNITY GRANTS) - PROJECTS FOR HEALTH AND WELFARE-RELATED COMMUNITY BENEFIT PROJECTS THAT MEET THE NEEDS OF THE POOR AND UNDERSERVED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 FESTIVAL OF TREES (event type)	(b) Event #2 PROJECT HAITI DINNER (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	683,384	61,225	56,847	801,456
	2 Less Charitable contributions	318,224	49,695	14,042	381,961
	3 Gross income (line 1 minus line 2)	365,160	11,530	42,805	419,495
Direct Expenses	4 Cash prizes			2,500	2,500
	5 Non-cash prizes	8,915		14,206	23,121
	6 Rent/facility costs	137,288	300		137,588
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	186,836	10,623	16,242	213,701
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				376,910
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				42,585

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)	1	3,612	10,457,576		10,457,576	2 190 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	25	14,741	74,179,243	63,108,740	11,070,503	2 320 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	26	18,353	84,636,819	63,108,740	21,528,079	4 510 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	11	254,488	1,746,603	64,925	1,681,678	0 350 %
f Health professions education (from Worksheet 5)	3	1,764	2,785,716		2,785,716	0 580 %
g Subsidized health services (from Worksheet 6)	9	38,466	9,026,628	6,211,787	2,814,841	0 590 %
h Research (from Worksheet 7)	1					
i Cash and in-kind contributions to community groups (from Worksheet 8)	4	3,269	2,342,435		2,342,435	0 490 %
j **Total** Other Benefits	28	297,987	15,901,382	6,276,712	9,624,670	2 010 %
k **Total.** Add lines 7d and 7j	54	316,340	100,538,201	69,385,452	31,152,749	6 520 %

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	1	2	424		424	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	3,056	79,745		79,745	0 020 %
7 Community health improvement advocacy	2	26	60,965		60,965	0 010 %
8 Workforce development						
9 Other						
10 **Total**	5	3,084	141,134		141,134	0 030 %

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			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,612,035		
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	2,210,768		
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	77,275,896		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	83,194,717		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-5,918,821		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		Yes	
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 1 MRI LIMITED PARTNERSHIP	MRI DIAGNOSTICS	14 170 %	0 %	83 050 %
2 2 MRI MOBILE LIMITED PARTNERSHIP	MRI DIAGNOSTICS	10 500 %	0 %	50 380 %
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	SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 N CURTIS ROAD BOISE,ID 83706	X	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? 2

	Name and address	Type of Facility (Describe)
1	ORTHO INST & BOISE HRT CARE 1070-1071 N CURTIS ROAD BOISE,ID 83706	EMPLOYED PHYSICIANS
2	ORTHO INST & BOISE HRT CARE 1070-1071 N CURTIS ROAD BOISE,ID 83706	EMPLOYED PHYSICIANS
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **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

2 **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

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

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

5 **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)

6 **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

7 **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
		PART I, LINE 6A SAINT ALPHONSUS REGIONAL MEDICAL CENTER REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW TRINITY-HEALTH ORG IN ADDITION, SAINT ALPHONSUS REGIONAL MEDICAL CENTER INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7 FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE FOLLOWING NUMBER, $20,304,902, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25 PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F)

Identifier	ReturnReference	Explanation
		PART II COMMUNITY BUILDING ACTIVITIES - SAINT ALPHONSUS REGIONAL MEDICAL CENTER STRIVES TO MAKE THE CITIZENS OF OUR COMMUNITY MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY THROUGH OUR COMMUNITY NEEDS ASSESSMENT AND OTHER COMMUNITY DATA, WE LEARNED THAT SEVERAL AREAS CAN BENEFIT FROM OUR HEALTH CARE EXPERTISE AND MONETARY SUPPORT THESE INCLUDE AGENCIES THAT SUPPORT ECONOMIC DEVELOPMENT AND JOB CREATION, SUPPORT THE UNINSURED, ADDRESS WELLNESS ISSUES IN THE WORKFORCE, IMPROVE END OF LIFE CARE, EDUCATE REFUGEES REGARDING CHILDBIRTH AND PARENTING, IMPROVE CHILD SAFETY, HEALTH AND EDUCATION, AND SUPPORT SUBSTANCE ABUSE DETOXIFICATION AND SOBERING SERVICES AND CRISIS MENTAL HEALTH SPECIFIC EXAMPLES OF OUR COMMUNITY BUILDING ACTIVITIES ARE DESCRIBED BELOW - SUPPORT OF THE VALLEY INITIATIVE FOR PROSPERITY - SAINT ALPHONSUS SUPPORTED THIS BROAD-BASED ECONOMIC DEVELOPMENT INITIATIVE (IN PARTNERSHIP WITH LOCAL CHAMBERS OF COMMERCE AND OTHER LOCAL COMPANIES) THAT AIMED TO BRING NEW BUSINESSES AND JOBS TO THE LOCAL COMMUNITY SAINT ALPHONSUS HAS INVESTED $20,000 PER YEAR OVER 5 YEARS, AS PART OF OUR COMMITMENT TO HELP OUR COMMUNITIES GROW AND THRIVE - PARTICIPATION IN LOCAL BOARDS & TASK FORCES SAINT ALPHONSUS LEADERS AND ASSOCIATES PARTICIPATE IN A VARIETY OF LOCAL NONPROFIT BOARDS AND TASK FORCES AIMED AT IMPROVING THE HEALTH OF OUR COMMUNITIES AND MAKING OUR COMMUNITY A MORE LIVABLE PLACE EXAMPLES OF BOARD PARTICIPATION INCLUDE - FAMILY MEDICINE RESIDENCY OF IDAHO THROUGH ACTIVE PARTICIPATION ON THE BOARD OF FAMILY MEDICINE RESIDENCY OF IDAHO, SAINT ALPHONSUS HAS BEEN ABLE TO HELP GUIDE THE CONTINUING DEVELOPMENT AND EXPANSION OF FAMILY MEDICINE RESIDENCY CAPACITY IN IDAHO - A CRITICAL NEED SINCE IDAHO RANKS 49TH NATIONWIDE IN TERMS OF PRIMARY CARE PHYSICIANS PER CAPITA THROUGH THIS PARTNERSHIP, WE WERE ALSO ABLE TO DEVELOP A NEW PSYCHIATRIC RESIDENCY PROGRAM BASED IN BOISE, WHICH OVER TIME WILL EXPAND THE PIPELINE OF NEW PSYCHIATRISTS PRACTICING IN OUR REGION, WHICH IS A HEALTH PROVIDER SHORTAGE AREA FOR MENTAL HEALTH - BOYS & GIRLS CLUBS OF ADA COUNTY ENHANCEMENT OF BEFORE & AFTER-SCHOOL PROGRAMMING FOR LOCAL AT-RISK YOUTH, INCLUDING A NEW LOCATION IN MERIDIAN, IDAHO SAINT ALPHONSUS' REPRESENTATIVE ON THE BOYS & GIRLS CLUB BOARD HAS CHAIRED SEVERAL IMPORTANT COMMITTEES, INCLUDING STRATEGIC PLANNING, PROGRAMS, AND THE ANNUAL FUNDRAISER AUCTION, WHICH BRINGS IN THE BULK OF ANNUAL OPERATING FUNDS FOR THE CLUBS UNDER OUR GUIDANCE, OUR LOCAL CLUBS HAVE ALSO TAKEN ON A SIGNIFICANT ROLE IN PROVIDING MEALS FOR LOW INCOME CHILDREN IN ADA AND CANYON COUNTIES AND HAVE RECEIVED NATIONAL AWARDS FOR THEIR NUTRITION PROGRAMMING - COMMUNITY MENTAL HEALTH MEETINGS A SAINT ALPHONSUS REPRESENTATIVE PARTICIPATES IN DISCUSSIONS WITH MENTAL HEALTH PROVIDERS THROUGHOUT THE COMMUNITY, TO WORK THROUGH ISSUES AND IMPROVE COORDINATION OF SERVICES HEALTH IMPROVEMENT ADVOCACY SAINT ALPHONSUS HAS BEEN AN ACTIVE PARTICIPANT IN ADVOCACY SUPPORTING HEALTH IMPROVEMENT INITIATIVES SUCH AS - CHILDHOOD IMMUNIZATION POLICY LEGISLATION HAS REMEDIED FUNDING ISSUES FOR IDAHO'S CHILDHOOD IMMUNIZATION PROGRAMS AND IMPROVED PARTICIPATION IN THE IMMUNIZATION REMINDER SYSTEM SAINT ALPHONSUS HAS WORKED WITH IDAHO VOICES FOR CHILDREN AND OTHER PARTNERS TO ADVOCATE FOR THESE IMPROVEMENTS - IDAHO END OF LIFE COALITION ADVANCE CARE PLANNING IN IDAHO HAS BEEN IMPROVED AND STREAMLINED ADVANCE CARE COMMITTEE MEMBERS PROVIDE PROFESSIONAL CONSULTATION ON THE DEVELOPMENT OF IDAHO ADVANCE CARE LEGISLATION INCLUDING REVISION AND STREAMLINING OF THE IDAHO NATURAL DEATH ACT (LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE), CREATION OF THE HEALTH CARE DIRECTIVE REGISTRY HOUSED IN THE OFFICE OF THE SECRETARY OF STATE, AND THE POST (PHYSICIAN ORDERS FOR SCOPE OF TREATMENT) - THE NEW IDAHO DNR (DO NOT RESUSCITATE) PROGRAM IN ADDITION, COALITION COMMITTEES DEVELOP INITIATIVES TO RAISE COMMUNITY AWARENESS AND ENCOURAGE PROFESSIONAL DEVELOPMENT ABOUT END-OF-LIFE ISSUES

Identifier	ReturnReference	Explanation
		PART III, LINE 4 SAINT ALPHONSUS REGIONAL MEDICAL CENTER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS "SUBSTANTIALLY ALL OF THE CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR "COSTING METHODOLOGY FOR LINES 2 AND 3 AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS THE AMOUNT ON LINE 3 WAS CALCULATED BASED ON INFORMATION SUPPLIED BY NCO, OUR COLLECTION AGENCY

Identifier	ReturnReference	Explanation
		PART III, LINE 8 SAINT ALPHONSUS MEDICAL CENTER DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES PART III, LINE 8 COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT

Identifier	ReturnReference	Explanation
		PART III, LINE 9B SAINT ALPHONSUS REGIONAL MEDICAL CENTER'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES THE AGREEMENT MUST DEFINE THE STANDARDS AND SCOPE OF PRACTICES TO BE USED BY OUTSIDE COLLECTION AGENTS ACTING ON BEHALF OF SAINT ALPHONSUS HEALTH SYSTEM, ALL OF WHICH MUST BE IN COMPLIANCE WITH THIS POLICY

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 NEEDS ASSESSMENT - SAINT ALPHONSUS REGIONAL MEDICAL CENTER ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY IT SERVES AS THE BASIS FOR SAINT ALPHONSUS REGIONAL MEDICAL CENTER'S STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES THE SAINT ALPHONSUS COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO - GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED - IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNINGTHE SAINT ALPHONSUS COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS) THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES DURING FY11, SAINT ALPHONSUS PARTNERED WITH UNITED WAY OF TREASURE VALLEY, ST LUKE'S HEALTH SYSTEM, AND ELKS REHABILITATION HOSPITAL TO CONDUCT A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT FOCUSING ON HEALTH, EDUCATION AND FINANCIAL INDEPENDENCE ASSESSMENT WORK WAS LARGELY COMPLETED DURING FY11, AND THE PARTNERS HAVE NOW MOVED INTO THE PROCESS OF PRIORITIZING NEEDS AND CREATING AN IMPLEMENTATION PLAN BOISE STATE UNIVERSITY SERVED AS RESEARCH PARTNER, AND UTAH FOUNDATION HAS PROVIDED TECHNICAL ASSISTANCE TO THIS PROJECT

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT ALPHONSUS IS COMMITTED TO - PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE - BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITYIN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, SAINT ALPHONSUS HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS - PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONSSAINT ALPHONSUS COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE SAINT ALPHONSUS HAS SIGNS POSTED IN ALL REGISTRATION AREAS AND PLASTIC TABLE TOP CARDS IN THE REGISTRATION WAITING ROOMS, NOTIFYING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE ALL SELF-PAY PATIENTS ARE OFFERED FINANCIAL ASSISTANCE FORMS EACH PATIENT RECEIVES A BILLING BROCHURE THAT LISTS PAYMENT OPTIONS AND HOW TO APPLY FOR CHARITY CARE PATIENTS ALSO ARE SCREENED FOR MEDICAID ELIGIBILITY, UTILIZING FINANCIAL ASSISTANCE FORMS FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE SAINT ALPHONSUS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH SIGNS POSTED IN REGISTRATION AREAS, PLASTIC TABLE TOP CARDS IN REGISTRATION WAITING ROOMS AND PATIENT BROCHURES SELF-PAY INPATIENTS AND SURGERY PATIENTS RECEIVE A VISIT FROM A PATIENT ADVOCATE WHO ASSISTS THEM IN COMPLETING FINANCIAL ASSISTANCE FORMS FOR COUNTY INDIGENT ASSISTANCE, MEDICAID, SOCIAL SECURITY AND HOSPITAL CHARITY CARE SAINT ALPHONSUS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS SAINT ALPHONSUS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER THE MEDICAL CENTER EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 COMMUNITY INFORMATION - SAINT ALPHONSUS REGIONAL MEDICAL CENTER SERVES PATIENTS FROM THE PRIMARY, SECONDARY AND TERTIARY SERVICE AREAS LISTED BELOW - PRIMARY SERVICE AREA A FIVE-COUNTY REGION INCLUDING ADA, CANYON, ELMORE, GEM AND MALHEUR COUNTIES - SECONDARY SERVICE AREA PAYETTE, TWIN FALLS, VALLEY, WASHINGTON, BAKER AND UNION COUNTIES - TERTIARY SERVICE AREA ADAMS, BLAINE, BOISE, CASSIA, GOODING, JEROME, MINIDOKA, OWYHEE AND ELKO COUNTIESAREA HOSPITAL FACILITIES WITHIN SARMC'S PRIMARY SERVICE AREA INCLUDE ST LUKE'S BOISE AND MERIDIAN, IDAHO ELKS REHABILITATION CENTER, TREASURE VALLEY HOSPITAL, SAINT ALPHONSUS MEDICAL CENTER-NAMPA, WEST VALLEY MEDICAL CENTER, ELMORE MEDICAL CENTER, SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, AND WALTER KNOX MEMORIAL HOSPITAL SAINT ALPHONSUS' PRIMARY SERVICE AREA IS A MIX OF URBAN AND RURAL COMMUNITIES WITHIN THE TREASURE VALLEY, BORDERED BY RUGGED MOUNTAINOUS TERRAIN AND DESERT THE REGION HAS EXPERIENCED RAPID POPULATION GROWTH OVER THE PAST DECADE (FROM 2000-2010), WITH DRAMATIC GROWTH RATES IN ADA & CANYON COUNTIES, THE TWO LARGEST COUNTIES IN THE SERVICE AREA - ADA COUNTY POPULATION GREW 30 4% FROM 2000-2010- CANYON COUNTY POPULATION GREW 43 7% FROM 2000-2010OTHER RELEVANT STATISTICS CHARACTERIZING SAINT ALPHONSUS' PRIMARY SERVICE AREA ARE INCLUDED BELOW TOTAL POPULATION (2010) ADA COUNTY - 392,365CANYON COUNTY - 188,923ELMORE COUNTY - 27,028GEM COUNTY - 16,719MALHEUR COUNTY - 31,313PERCENT WHITE PERSONS NOT HISPANIC ADA COUNTY - 86 5% CANYON COUNTY - 72 3%ELMORE COUNTY - 75 1%GEM COUNTY - 89 1%MALHEUR COUNTY - 63 6%PERCENT HISPANIC/LATINO ORIGIN ADA COUNTY - 7 1%CANYON COUNTY - 23 9%ELMORE COUNTY - 15 2%GEM COUNTY - 8%MALHEUR COUNTY - 31 5%MEDIAN HOUSEHOLD INCOME ADA COUNTY - $53,828CANYON COUNTY - $39,457ELMORE COUNTY - $41,922GEM COUNTY - $42,396MALHEUR COUNTY - $35,788PERSONS BELOW POVERTY LEVEL (2009) ADA COUNTY - 11 8%CANYON COUNTY - 18 2%ELMORE COUNTY - 13 8%GEM COUNTY - 14 8%MALHEUR COUNTY - 23 3%APPROXIMATELY 17% OF NON-ELDERLY IDAHO RESIDENTS LACK HEALTH INSURANCE (KAISER HEALTH FACTS) MEDICALLY UNDERSERVED POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WITHIN OUR SERVICE AREA INCLUDE A SHORTAGE OF PRIMARY CARE AND MENTAL HEALTH SERVICES THE LOCAL REFUGEE POPULATION HAS MORE THAN DOUBLED SINCE 2005, MOST OF THESE INDIVIDUALS ARE OF CHILDBEARING AGE APPROXIMATELY 3,800 REFUGEES CURRENTLY LIVE IN ADA COUNTY, WITH FOUR REFUGEE RESETTLEMENT AGENCIES IN THAT COUNTY PLACING 724 NEW REFUGEES IN 2007 IN 2008, 1,193 REFUGEES AND SPECIAL IMMIGRANTS ARRIVED IN IDAHO, FROM 23 DIFFERENT COUNTRIES, SPEAKING 27 DIFFERENT LANGUAGES (IDAHO OFFICE FOR REFUGEES) THE REGION SEES A HIGH PREVALENCE OF MENTAL HEALTH & SUBSTANCE ABUSE ISSUES, WITH INADEQUATE PUBLIC BEHAVIORAL HEALTH SYSTEMS IN PLACE TO MEET THE EXISTING NEEDS FOR COMMUNITY-BASED AND INPATIENT SERVICES ON REVIEW OF DEMOGRAPHIC AND SOCIO-ECONOMIC DATA AND TRENDS, SEVERAL FACTORS CLEARLY HAVE AN IMPACT ON THE HEALTH STATUS OF THE COMMUNITIES SERVED BY SAINT ALPHONSUS, WITH IMPLICATIONS FOR FUTURE PLANNING DRAMATIC POPULATION GROWTH, ESPECIALLY IN ADA AND CANYON COUNTIES, IS EXPECTED TO CONTINUE, WITH A GROWING HISPANIC POPULATION THE GROWING REFUGEE POPULATION HAS GREATER LANGUAGE INTERPRETATION AND HEALTH EDUCATION NEEDS AS WELL GROWTH IN IDAHO'S SENIOR POPULATION IS ALSO PROJECTED TO ACCELERATE, WHICH WILL REQUIRE INCREASED HEALTH CARE SPENDING MAMMOGRAPHY RATES, THE RISING RATE OF LOW BIRTH WEIGHT BABIES, OVERWEIGHT AND OBESITY, TOBACCO USE, MENTAL HEALTH AND DRINKING/DRUG USE ARE ALSO OF GREAT CONCERN

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 OTHER INFORMATION - CONSISTENT WITH ITS NONPROFIT STATUS, SAINT ALPHONSUS USES SURPLUS REVENUES TO REINVEST IN FACILITIES, TECHNOLOGY AND MEDICAL SERVICES FOR THE COMMUNITY, AND COLLABORATES WITH COMMUNITY PARTNERS AND INVESTS IN NEEDED COMMUNITY PROGRAMS SUCH AS FAMILY MEDICINE RESIDENCY OF IDAHO, ALLUMBAUGH HOUSE (SOBERING, DETOXIFICATION & CRISIS MENTAL HEALTH SERVICES), AND HEALTHTEACHER HEALTH LITERACY CURRICULUM FOR THE BOISE SCHOOL DISTRICT SAINT ALPHONSUS ALSO COLLABORATES WITH UNITED WAY OF TREASURE VALLEY TO ADDRESS COMMUNITY NEEDS IN THE AREAS OF HEALTH, EDUCATION AND INCOME SAINT ALPHONSUS IS REPRESENTED ON THE UNITED WAY BOARD OF DIRECTORS AND THE HEALTH VISION COUNCIL IN ADDITION, SAINT ALPHONSUS HAS AN ANNUAL UNITED WAY WORKPLACE GIVING CAMPAIGN TO SUPPORT UNITED WAY INITIATIVES AND GRANTS TO LOCAL NONPROFITS PRODUCING MEASURABLE OUTCOMES IN ADDRESSING TOP COMMUNITY NEEDS SAINT ALPHONSUS STRONGLY SUPPORTS HEALTHCARE WORKFORCE DEVELOPMENT EFFORTS, INCLUDING ANNUAL FINANCIAL SUPPORT TO THE FAMILY MEDICINE RESIDENCY OF IDAHO, PSYCHIATRIC RESIDENCY, ISU DENTAL RESIDENCY, AND THE BOISE STATE UNIVERSITY NURSING BUILDING FUND IN ADDITION, SAINT ALPHONSUS SERVES AS A KEY CLINICAL TRAINING SITE FOR NEW PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS SAINT ALPHONSUS IS A REGIONAL TRAUMA CENTER AND TAKES A LEADERSHIP ROLE IN IMPROVING SYSTEMS OF CARE FOR TRAUMA PATIENTS TRAUMA PREVENTION AND DISASTER PREPAREDNESS EFFORTS IN THE REGION ARE OFTEN LED BY STAFF AT SAINT ALPHONSUS, WHO HAVE CHAMPIONED TOUGHER SEAT BELT AND HELMET LAWS, COORDINATED DRUNK DRIVING PREVENTION EVENTS IN LOCAL HIGH SCHOOLS, AND LED IN RESPONSE PLANNING FOR EVENTS LIKE THE SPECIAL OLYMPICS WORLD WINTER GAMES SAINT ALPHONSUS ALSO HOSTS AN ANNUAL SKI & MOUNTAIN TRAUMA CONFERENCE TO TRAIN FIRST RESPONDERS (EMS, FIRE, SKI PATROL, ETC) THROUGHOUT THE NORTHWEST ON BEST PRACTICES FOR TRAUMA CARE IN THE PRE-HOSPITAL SETTING SAINT ALPHONSUS COORDINATES A REGIONAL TELEMEDICINE NETWORK THROUGHOUT WESTERN & NORTHERN IDAHO AND EASTERN OREGON SERVICES PROVIDED THROUGH THE NETWORK INCLUDE MUCH-NEEDED SERVICES SUCH AS TELEPSYCHIATRY, STROKE CARE, CLINICAL EDUCATION AND EMERGENCY MEDICINE CONSULTATIONS TO RURAL HOSPITALS IN REMOTE LOCATIONS, OFTEN PREVENTING UNNECESSARY TRANSPORTS AND ALLOWING PATIENTS TO BE CARED FOR CLOSER TO HOME

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 SAINT ALPHONSUS REGIONAL MEDICAL CENTER IS A MEMBER ORGANIZATION OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE SYSTEMS IN THE COUNTRY BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY IN FISCAL YEAR 2011, THIS INCLUDED NEARLY $453 MILLION IN SUCH COMMUNITY BENEFITS THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW TRINITY-HEALTH ORG

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 18

3 Enter total number of other organizations . . . ▶ 1

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DONATIONS MADE BY SAINT ALPHONSUS REGIONAL MEDICAL CENTER TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE AND ARE CONSIDERED UNRESTRICTED WITH REGARD TO THE USE OF THE FUNDS THE CONTRIBUTIONS COMMITTEE REVIEWS REQUESTS AND RECOMMENDS APPROVAL

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 82-0200895
Name: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH CLINICS INC211 16TH AVE NORTH NAMPA,ID 83653	82-0300537	501(C)3	200,880				SPONSORSHIP
GENESIS WORLD MISSION INC215 W 35TH ST GARDEN CITY,ID 83714	82-0505073	501(C)3	14,680				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAVID A HINDSON MD EDUCATION FOUNDATION INC439 THATCHER ST BOISE,ID 83702	80-0279825	501(C)3	25,000				SPONSORSHIP
WOMEN'S AND CHILDREN'S ALLIANCE720 W WASHINGTON ST BOISE,ID 83702	82-0204464	501(C)3	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOISE METRO CHAMBER OF COMMERCE250 S 5TH STREET 300 BOISE,ID 83702	82-0100595	501(C)6	5,000				VALLEY INITIATIVE FOR PROSPERITY SPONSORSHIP
BOYS AND GIRLS CLUB OF ADA COUNTY IDAHO INC 610 E 42ND ST GARDEN CITY,ID 83714	82-0481687	501(C)3	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY2120 FIRST AVENUE NORTH SEATTLE,WA 98109	84-1316555	501(C)3	7,000				SPONSORSHIP
AMERICAN HEART ASSOCIATION INC7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)3	12,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY ADVOCACY CENTER & EDUC SVC417 S 6TH STREET BOISE,ID 83702	20-4883532	501(C)3	15,000				SPONSORSHIP
TREASURE VALLEY FAMILY YMCA1050 WEST STATE ST BOISE,ID 83702	82-0200908	501(C)3	15,875				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAIN STREET MILE INCPO BOX 6331 BOISE,ID 83707	11-3735163	501(C)3	18,750				SPONSORSHIP
SUSAN G KOMEN BREAST CANCER FOUNDATION DBA SUSAN G KOMEN FOR THE CURE5005 LBJ FREEWAY DALLAS,TX 75244	75-1835298	501(C)3	30,000	4,126	COST	SURVIVOR CANTEENS	SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PAULS BENEVOLENT INSTITUTE1181 SW 76TH AVE MIAMI,FL 33144	22-6034713	501(C)3	133,000				PROJECT HAITI SPONSORSHIP
MARCH OF DIMES FOUNDATION1275 MAMARONECK AVENUE WHITE PLAINS,NY 10605	13-1846366	501(C)3	36,714				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOISE STATE UNIVERSITY FOUNDATION INC2225 UNIVERSITY DRIVE BOISE,ID 83706	82-6010706	501(C)3	125,600				SPONSORSHIP
UNITED WAY OF TREASURE VALLEY INC 1276 RIVER ST STE 100 BOISE,ID 83707	82-0299013	501(C)3	5,000	471	COST	GIFT BASKET	SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF MOUNTAIN PACIFIC7420 SW BRIDGEPORT RD STE 200 TIGARD,OR 97224	93-0386887	501(C)3	5,000				SPONSORSHIP
JOHN BUTLER LUNG FOUNDATION722 HARCOURT RD BOISE,ID 83702	82-0467602	501(C)3	15,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IDAHO STATE UNIVERSITY921 S 8TH AVE POCATELLO,ID 83209	82-6000924	501(C)3	50,000	500	FMV	HOSPITAL BED	SPONSORSHIP

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
AUTO INSURANCE ASSISTANCE	1	99			
GIFT CARDS - GROCERIES AND GAS	82	8,125			
DENTAL ASSISTANCE	2	617			
MORTGAGE ASSISTANCE	4	3,289			
TELEPHONE BILL ASSISTANCE	10	1,719			
RENT ASSISTANCE	15	12,528			
TRAVEL ASSISTANCE FOR MEDICAL TREATMENT	1	400			
UTILITIES ASSISTANCE	23	3,752			
SCHOLARSHIPS	10	28,250			
MEDICAL EQUIPMENT	5		15,293	COST	MEDICAL MASK & TUBE ($53), WHEELCHAIR ($14,000), SHOWER COMMODE CHAIR ($850), & HYBRID ELITE CUSHION ($390)

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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				
See Additional Data Table							
(2)							
(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
	PART I, LINE 4B	THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH PENSION RESTORATION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS ($245,000 FOR 2010) THE FOLLOWING ACCRUALS FOR 2010 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - $113,498 SALLY JEFFCOAT - $54,476 MICHAEL MURPHY - $26,316 J RICHARD O'CONNELL - $83,058 MICHAEL SLUBOWSKI - $136,445 JOSEPH SWEDISH - $223,342 THE FOLLOWING ARE PARTICIPANTS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) THE FOLLOWING SERP ACCRUALS FOR 2010 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II KEDRICK ADKINS - $49,977 MICHAEL SLUBOWSKI - $77,185 JOSEPH SWEDISH - $511,613 THE FOLLOWING INDIVIDUALS ARE PARTICIPANTS IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(F) THE FOLLOWING DEFERRALS FOR CALENDAR 2010 ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II MICHAEL COUGHLIN, MD - NONE MARK G PARENT, MD - $50,000 JEFFREY SHILT, MD - NONE WALTER SEALE, MD - $50,000 CHRISTIAN ZIMMERMAN, MD - NONE

Additional Data Return to Form

Software ID:
Software Version:
EIN: 82-0200895
Name: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
J RICHARD O'CONNELL	(I)	0	0	0	0	0	0	0
	(II)	533,392	113,794	114,187	116,680	21,280	899,333	0
SALLY JEFFCOAT	(I)	0	0	0	0	0	0	0
	(II)	455,371	163,850	61,726	78,781	21,450	781,178	0
KENNETH FRY	(I)	0	0	0	0	0	0	0
	(II)	258,476	62,444	2,427	31,775	16,329	371,451	0
STEPHANIE WESTERMEIER	(I)	143,597	55,745	202	18,755	11,012	229,311	0
	(II)	105,558	0	280	0	4,868	110,706	0
JOSEPH SWEDISH	(I)	0	0	0	0	0	0	0
	(II)	1,240,774	645,161	967,997	763,945	27,508	3,645,385	690,161
KEDRICK ADKINS	(I)	0	0	0	0	0	0	0
	(II)	717,356	326,029	117,485	184,461	13,787	1,359,118	0
MICHAEL SLUBOWSKI	(I)	0	0	0	0	0	0	0
	(II)	701,008	291,561	160,595	246,925	24,807	1,424,896	42,832
MICHAEL MURPHY	(I)	0	0	0	0	0	0	0
	(II)	343,184	68,618	128,021	47,238	21,304	608,365	0
JANELLE G REILLY	(I)	0	0	0	0	0	0	0
	(II)	292,035	70,445	969	20,382	16,356	400,187	0
JAMES POLK	(I)	0	0	0	0	0	0	0
	(II)	281,447	68,676	4,137	37,606	16,737	408,603	0
KAREN HODGE	(I)	0	0	0	0	0	0	0
	(II)	171,111	40,987	1,821	78,552	7,817	300,288	0
JEAN BASOM	(I)	0	0	0	0	0	0	0
	(II)	176,982	43,125	2,452	101,917	13,859	338,335	0
CHRISTIAN ZIMMERMAN MD	(I)	1,196,643	399,400	3,039	17,260	19,116	1,635,458	0
	(II)	0	0	0	0	0	0	0
MICHAEL COUGHLIN MD	(I)	878,766	42,425	6,320	29,002	22,838	979,351	0
	(II)	0	0	0	0	0	0	0
MARK G PARENT MD	(I)	671,272	136,941	4,481	71,208	20,018	903,920	0
	(II)	0	0	0	0	0	0	0
JEFFREY SHILT MD	(I)	647,547	75,000	20,720	13,453	18,191	774,911	0
	(II)	0	0	0	0	0	0	0
WALTER SEALE MD	(I)	643,552	4,846	1,365	70,203	31,866	751,832	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1) JEFFREY SHILT MD		X	50,000	20,000		No		No	Yes	
Total . . . . . ▶ $				20,000						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BLUE CROSS OF IDAHO (BCI)	SALLY JEFFCOAT, CEO, ALSO SERVES ON THE BOARD OF BCI	74,170,753	PAYMENTS MADE BY BLUE CROSS OF IDAHO TO SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC FOR HEALTH CARE SERVICES PROVIDED TO BCI COVERED MEMBERS		No
(2) ETHAN FRY	FAMILY MEMBER OF KENNETH FRY, KEY EMPLOYEE	54,640	EMPLOYMENT ARRANGEMENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		7,235	OPINION OF EXPERTS
5 Clothing and household goods	X		27,692	OPINION OF EXPERTS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	8	7,748	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)		See Add'l Data		
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE REPORTING ENTITY HAS USED THIRD PARTIES TO PROCESS OR SELL NON-CASH CONTRIBUTIONS WHEN SPECIFIC EXPERTISE IS WARRANTED WHERE AN EXPERT APPRAISAL IS NECESSARY, A THIRD PARTY APPRAISER WILL BE ENGAGED OCCASIONALLY THE SERVICES OF AN AGENT ARE ENGAGED TO SELL NON-CASH CONTRIBUTIONS THAT WILL NOT BE USED BY THE REPORTING ENTITY

Additional Data

Software ID:
Software Version:
EIN: 82-0200895
Name: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Form 990 Schedule M, Part I - Types of Property

Property Type	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
Other ► (ENTERTAINMENT)	X	6	2,975	COST
Other ► (GIFT CERTIFICATES)	X	44	3,577	COST
Other ► (CONSULTING SERVICES)	X	7	4,709	COST
Other ► (PHOTO PROCESSING)	X	1	1,100	COST
Other ► (ADVERTISING)	X	2	12,500	COST

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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
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		KAYE O'RIORDAN, TRUSTEE, AND BRENT LLOYD, CHAIR, HAVE A BUSINESS RELATIONSHIP CHARLES WHITE, TRUSTEE, AND KAYE O'RIORDAN, TRUSTEE, HAVE A BUSINESS RELATIONSHIP CHARLES WHITE, TRUSTEE, AND BRENT LLOYD, CHAIR, HAVE A BUSINESS RELATIONSHIP

Additional Data

Software ID:
Software Version:
EIN: 82-0200895
Name: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COYLA ANDERSON TRUSTEE UNTIL 12/10	1 00	X						0	0	0
SR MADELEINE MARIE CLAYTON CSC TRUSTEE UNTIL 12/10	1 00	X						0	0	0
SR JEANETTE FETTIG CSC TRUSTEE UNTIL 12/10	1 00	X						0	0	0
DIANA NICHOLSON TRUSTEE UNTIL 12/10	1 00	X						0	0	0
MARK MEIER MD TRUSTEE UNTIL 12/10	1 00	X						0	0	0
CHARLES WHITE TRUSTEE UNTIL 7/10	1 00	X						0	0	0
SHAUNA WILLIAMS MD TRUSTEE UNTIL 12/10	1 00	X						42,411	0	0
J RICHARD O'CONNELL TRUSTEE, TRIN EVP & COO HOSP NTWKS	3 00	X						0	761,373	137,960
KAYE O'RIORDAN TRUSTEE	1 00	X						0	0	0
STEVE BROCATO TRUSTEE AS OF 1/11	1 00	X						0	0	0
SR SHARLET WAGNER CSC TRUSTEE AS OF 1/11	1 00	X						0	0	0
SR SHARON FORD RSM TRUSTEE AS OF 1/11	1 00	X						0	0	0
KENNETH HART TRUSTEE AS OF 1/11	1 00	X						0	0	0
RONALD GRAVES TRUSTEE AS OF 1/11	1 00	X						0	0	0
VICTOR YAMAMOTO TRUSTEE AS OF 1/11	1 00	X						0	0	0
JON WAGNILD MD TRUSTEE AS OF 3/11	1 00	X						0	0	0
LYNN HARRIS TRUSTEE AS OF 5/11	1 00	X						0	0	0
SALLY JEFFCOAT PRESIDENT & CEO	45 00	X		X				0	680,947	100,231
GEORGE JUETTEN CHAIR TIL 12/10, V CHAIR AS OF 1/11	1 00	X		X				0	0	0
SEVERINA HAWS SECRETARY UNTIL 12/10	1 00	X		X				0	0	0
ROBERT LOKKEN TREASURER UNTIL 9/10	1 00	X		X				0	0	0
BRENT LLOYD CHAIR AS OF 1/11	1 00	X		X				0	0	0
KENNETH FRY CFO, OFFICER UNTIL 12/10	50 00			X	X			0	323,347	48,104
STEPHANIE WESTERMEIER SECRETARY AS OF 1/11, VP & GEN CNSL	45 00			X				199,544	105,838	34,635
BLAINE PETERSON TREASURER AS OF 1/11, CFO SAHS	45 00			X				0	39,832	1,938

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH SWEDISH TRINITY HEALTH PRES & CEO	2 00				X			0	2,853,932	791,453
KEDRICK ADKINS TRINITY HEALTH PRES INTEGRATED SVCS	2 00				X			0	1,160,870	198,248
MICHAEL SLUBOWSKI TRINITY PRES HLTH NTWKS UNTIL 12/10	2 00				X			0	1,153,164	271,732
MICHAEL MURPHY TRINITY EVP, HEALTH NETWORKS	2 00				X			0	539,823	68,542
JANELLE G REILLY SAHS CHIEF STRTGY & ACCNTBLE HLTH NTWK OFFICER	45 00				X			0	363,449	36,738
JAMES POLK SAHS, CHIEF QUALITY OFFICER	45 00				X			0	354,260	54,343
KAREN HODGE CNO	50 00				X			0	213,919	86,369
JEAN BASOM VP DEVELOPMENT	50 00				X			0	222,559	115,776
CHRISTIAN ZIMMERMAN MD PHYSICIAN-NEUROSURGERY	50 00					X		1,599,082	0	36,376
MICHAEL COUGHLIN MD PHYSICIAN-ORTHOPEDICS	50 00					X		927,511	0	51,840
MARK G PARENT MD PHYSICIAN-CARDIOLOGY	50 00					X		812,694	0	91,226
JEFFREY SHILT MD PHYSICIAN-PEDIATRIC ORTHO SURGERY	50 00					X		743,267	0	31,644
WALTER SEALE MD PHYSICIAN-CARDIOLOGY	50 00					X		649,763	0	102,069

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC IS SAINT ALPHONSUS HEALTH SYSTEM SEE LINE 7 FOR ADDITIONAL INFORMATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		SAINT ALPHONSUS HEALTH SYSTEM IS THE SOLE MEMBER OF SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC SAINT ALPHONSUS HEALTH SYSTEM HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AS SOLE MEMBER OF THE CORPORATION, SAINT ALPHONSUS HEALTH SYSTEM MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET SAINT ALPHONSUS HEALTH SYSTEM MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		PRIOR TO FILING, THE FORM 990 FOR SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE OF SAINT ALPHONSUS HEALTH SYSTEM (SAINT ALPHONSUS HEALTH SYSTEM IS THE SOLE MEMBER OF THE CORPORATION) THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

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

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

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

Identifier	Return Reference	Explanation
ESTIMATE OF THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, LINE 1, COLUMN B	THE HOURS LISTED IN COLUMN B OF PART VII, SECTION A, LINE 1 REFLECT ONLY THE INDIVIDUALS' AVERAGE WEEKLY HOURS SPENT DIRECTLY ON THE ACTIVITIES OF THE REPORTING ORGANIZATION IN ADDITION, THESE ARE THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS KEDRICK ADKINS - 53 HOURS SALLY JEFFCOAT - 5 HOURS MICHAEL MURPHY - 53 HOURS J RICHARD O'CONNELL - 52 HOURS BLAINE PETERSEN - 5 HOURS JAMES POLK - 5 HOURS JANELLE REILLY - 5 HOURS MICHAEL SLUBOWSKI - 53 HOURS JOSEPH SWEDISH - 53 HOURS STEPHANIE WESTERMEIR - 5 HOURS

Identifier	Return Reference	Explanation
DIRECTORS/TRUSTEES OR OFFICERS	FORM 990, PART VII, SECTION A, LINE 1	DR SHAUNA WILLIAMS, BOARD TRUSTEE, PROVIDED SERVICES TO SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC AS AN INDEPENDENT CONTRACTOR THE AMOUNT SHOWN ON PART VII, SECTION A, LINE 1, REPRESENTS FEES FOR INDEPENDENT CONTRACTOR SERVICES, NOT BOARD FEES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 14,678,685 EQUITY TRANSFERS TO AFFILIATES -46,372,822 NET CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE -665,000 EQUITY GAIN (LOSS) IN UNCONSOLIDATED AFFILIATES -99,353 OTHER TRANSACTIONS 1,237 TOTAL TO FORM 990, PART XI, LINE 5 -32,457,253

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2	SAINT ALPHONSUS REGIONAL MEDICAL CENTER'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY 11 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM

Identifier	Return Reference	Explanation
	FORM 990, PAGE 1, DOING BUSINESS AS	SAINT ALPHONSUS FOUNDATION, IDAHO NEUROLOGICAL INSTITUTE, IDAHO ORTHOPAEDIC INSTITUTE, IDAHO REHABILITATION AND PAIN CENTER, SAINT ALPHONSUS BREAST CARE CENTER, SAINT ALPHONSUS CANCER TREATMENT CENTER, SAINT ALPHONSUS CANCER CARE CENTER, SAINT ALPHONSUS SLEEP DISORDERS CENTER, SAINT ALPHONSUS PRIMARY STROKE CENTER, SAINT ALPHONSUS MEDICAL GROUP, SAINT ALPHONSUS EXPRESS CARE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Employer identification number
82-0200895

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 82-0200895
Name: SAINT ALPHONSUS REGIONAL MEDICAL 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
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
AMICARE HOSPICE SERVICES INC 27870 CABOT DRIVE NOVI, MI483772920 38-2949053	PROVIDE HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
AUXILIARY OF HOLY ROSARY HOSPITAL 351 SW 9TH STREET ONTARIO, OR97914 94-3059469	SUPPORTS SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		No
BATTLE CREEK HEALTH SYSTEM 300 NORTH AVENUE BATTLE CREEK, MI49016 38-2776791	HEALTHCARE SERVICES	MI	501(C)(3)	3	TRINITY HEALTH - MICHIGAN		No
BATTLE CREEK HEALTH SYSTEM AUXILIARY 300 NORTH AVENUE BATTLE CREEK, MI49016 38-3355520	SUPPORT OF TAX EXEMPT HEALTH ORGANIZATION	MI	501(C)(3)	11, TYPE I	BATTLE CREEK HEALTH SYSTEM		No
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA51245 42-1500277	ACUTE/AMBULATORY HEALTHCARE SERVICES	IA	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP		No
BAUM HARMON MERCY HOSPITAL & CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA51245 26-2973307	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	BAUM HARMON MERCY HOSPITAL		No
CAPITAL PARK FAMILY HEALTH CENTER INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1387838	OPERATION OF A FEDERALLY QUALIFIED HEALTH CENTER (FORMERLY)	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI48106 38-2507173	FURTHER TRINITY HEALTH ACTIVITIES, ORGANIZE AND DEVELOP MEDICAL SERVICES	MI	501(C)(3)	11, TYPE II	TRINITY HEALTH-MICHIGAN		No
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
CRANBROOK HOSPICE CARE 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI48302 38-3320699	PROVIDE HOSPICE HEALTH SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH43213 34-2032340	HOSPITAL CAMPUS IN FAIRFIELD COUNTY OHIO	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No

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

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						Yes	No
DUBUQUE MERCY HEALTH FOUNDATION INC 250 MERCY DRIVE DUBUQUE, IA52001 26-2227941	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP		No
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA52040 20-5383271	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP		No
HACKLEY HOSPITAL 1700 CLINTON ST PO BOX 3302 MUSKEGON, MI494433302 38-1358196	HEALTHCARE SERVICES	MI	501(C)(3)	3	MERCY HEALTH PARTNERS		No
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI494433302 38-2299878	SELF INSURANCE FOR GENERAL AND MALPRACTICE LIABILITY	MI	501(C)(3)	11, TYPE III-FI	MERCY HEALTH PARTNERS		No
HACKLEY LIFE COUNSELING 1352 TERRACE ST MUSKEGON, MI494423545 38-1386362	COUNSELING, EDUCATION, AND SUPPORT	MI	501(C)(3)	9	MERCY HEALTH PARTNERS		No
HACKLEY VISITING NURSE SERVICES AND HOSPICE INC 888 TERRACE ST MUSKEGON, MI49440 38-1359598	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS		No
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI48333 52-1945054	LONG-TERM CARE AND REHABILITATION FOR THE ELDERLY	MD	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		No
HOLY CROSS HOSPITAL FOUNDATION INC 11801 TECH ROAD SILVER SPRING, MD20904 20-8428450	CHARITABLE FUNDRAISING	MD	501(C)(3)	11, TYPE I	HOLY CROSS HOSPITAL OF SILVER SPRING INC		No
HOLY CROSS HOSPITAL OF SILVER SPRING INC 1500 FOREST GLEN RD SILVER SPRING, MD209101484 52-0738041	HEALTHCARE SERVICES	MD	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
HOLY CROSS MEDICAL CENTER 27870 CABOT DRIVE NOVI, MI483772920 95-1985442	HEALTHCARE SERVICES (FORMERLY)	CA	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
HOLY ROSARY MEDICAL CENTER FOUNDATION 351 SW 9TH STREET ONTARIO, OR97914 20-2683560	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	11, TYPE I	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO		No
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA504016208 42-1173708	HOSPICE HEALTH CARE SERVICES	IA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA CORP		No

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

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						Yes	No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI48108 38-3320707	HOSPICE HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
HPCN 1675 LEAHY STREET MUSKEGON, MI49442 30-0207909	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE II	MERCY HEALTH PARTNERS		No
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3316559	PROVIDES OFFICE-BASED MEDICAL CARE	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
LAKESHORE COMMUNITY HOSPITAL INC 72 S STATE STREET SHELBY, MI494551228 38-2549295	ACUTE HEALTHCARE SERVICES	MI	501(C)(3)	3	MERCY HEALTH PARTNERS		No
LIFESPAN INC 166 EAST GOODALE AVE BATTLE CREEK, MI490372728 38-3298476	PROVIDE HOSPICE HEALTH SERVICES	MI	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM		No
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA51101 38-3320705	PROVIDE HOME HEALTH CARE SERVICES	IA	501(C)(3)	11, TYPE I	MERCY HEALTH SERVICES-IOWA CORP		No
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI48106 38-2561013	HEALTHCARE SERVICES (FORMERLY)	MI	501(C)(3)	3	CATHERINE MCAULEY HEALTH SERVICES CORP		No
MERCY AMICARE HOME HEALTHCARE OAKLAND 281 ENTERPRISE COURT BLOOMFIELD HILLS, MI483020312 38-3320698	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY AMICARE HOME HEALTHCARE PORT HURON 505 HURON AVENUE PORT HURON, MI48060 38-3320701	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 684 HARVEY STREET MUSKEGON, MI49442 38-3321856	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY HEALTH PARTNERS 1415 LEAHY STREET MUSKEGON, MI49442 38-2589966	HEALTHCARE SYSTEM SUPPORT	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA50401 31-1373080	HEALTHCARE SERVICES	DE	501(C)(3)	3	TRINITY HEALTH-MICHIGAN		No

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						Yes	No
MERCY HEALTHCARE FOUNDATION 1410 N 4TH ST CLINTON, IA52732 42-1316126	FUNDRAISING AND FINANCIAL ASSISTANCE FOR HOSPITAL CHARITABLE SERVICES	IA	501(C)(3)	11, TYPE I	MERCY MEDICAL CENTER-CLINTON		No
MERCY HOSP & HEALTH SERVICES OF DETROITMARSHALL PARK HEALTH SERVICES INC 27870 CABOT DRIVE NOVI, MI483772920 38-1562325	SUPPORTS MALPRACTICE CONTINGENCIES OF CLOSED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY HOSPITAL CADILLAC FOUNDATION 400 HOBART CADILLAC, MI496012331 20-3357131	SUPPORT THE SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY HOSPITAL GIFT SHOP 2601 ELECTRIC AVE PORT HURON, MI48060 38-1630480	VOLUNTEER SERVICE AUXILIARY	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA527322940 42-1336618	TO PROVIDE QUALITY HEALTH CARE	DE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP		No
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA51102 14-1880022	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	7	MERCY HEALTH SERVICES-IOWA CORP		No
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA504012800 42-1229151	SUPPORT THE SERVICES OF RELATED HOSPITAL	IA	501(C)(3)	11, TYPE III-FI	MERCY HEALTH SERVICES-IOWA CORP		No
MERCY MEDICAL CENTER FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID83686 26-1737256	SUPPORT THE SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		No
MERCY NORTH HOMECARE AND HOSPICE 7985 MACKINAW TRAIL CADILLAC, MI49601 38-3313897	HOME HEALTH AND HOSPICE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
MERCY PAVILION OF BATTLE CREEK 300 NORTH AVENUE BATTLE CREEK, MI49016 38-2783350	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	9	BATTLE CREEK HEALTH SYSTEM		No
MERCY PHYSICIAN GROUP INC 1512 12TH AVENUE ROAD NAMPA, ID83686 20-8192593	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	9	SAINT ALPHONSUS MEDICAL CENTER-NAMPA		No
MERCY SERVICES FOR AGING NON-PROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2719605	PROVIDES LONG-TERM CARE FOR THE ELDERLY	MI	501(C)(3)	11, TYPE II	TRINITY CONTINUING CARE SERVICES INC		No

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

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						Yes	No
MIDWEST MEDFLIGHT 1300 VICTORS WAY ANN ARBOR, MI48108 38-2684671	AEROMEDICAL TRANSPORT	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
MOUNT CARMEL CARE CONTINUUM SERVICES CORP 793 WEST STATE STREET COLUMBUS, OH43222 31-1126211	COOPERATIVE HOSPITAL SERVICE ORGANIZATION	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	2	MOUNT CARMEL HEALTH		No
MOUNT CARMEL HEALTH 6150 EAST BROAD STREET COLUMBUS, OH43213 31-4379602	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1471229	MEDICARE HMO FOR SENIORS	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1439334	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	OH	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1113966	SUPPORT THE SERVICES OF RELATED HOSPITAL	OH	501(C)(3)	11, TYPE I	MOUNT CARMEL HEALTH SYSTEM		No
MOUNT CARMEL HOME CARE LLC 1144 DUBLIN ROAD SUITE B COLUMBUS, OH43215 26-2729300	PROVIDE HOME HEALTH CARE SERVICES	OH	501(C)(3)	9	TRINITY HOME HEALTH SERVICES INC		No
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL 7333 SMITHS MILL RD NEW ALBANY, OH43054 87-0790288	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 - 44TH STREET KENTWOOD, MI49508 38-3073745	OPERATE MAGNETIC IMAGING RESONANCE (FORMERLY)	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI49440 91-1932918	FACILITATE AND COORDINATE HEALTHCARE AND RELATED SERVICES	MI	501(C)(3)	7	MERCY HEALTH PARTNERS		No

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

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						Yes	No
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE68045 20-8072234	HEALTHCARE SERVICES	NE	501(C)(3)	3	MERCY HEALTH SERVICES-IOWA CORP		No
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE68045 31-1678345	SUPPORTS SERVICES OF RELATED HOSPITAL	NE	501(C)(3)	11, TYPE III-FI	OAKLAND MERCY HOSPITAL		No
PORT HURON MERCY FAMILY CARE INC 2601 ELECTRIC AVE PORT HURON, MI48060 20-1855647	HEALTHCARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI494423257 38-2638284	MEDICAL CARE, TRANSPORTATION AND EDUCATION	MI	501(C)(3)	9	TRINITY HEALTH-MICHIGAN		No
PROFESSIONAL OFFICE CORPORATION 1303 EAST HERNDON AVE FRESNO, CA93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	11, TYPE I	SAINT AGNES MEDICAL CENTER		No
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA93720 94-1437713	HEALTHCARE SERVICES	CA	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID83706 82-0401011	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID83706 94-3028978	SUPPORTS SERVICES OF RELATED HOSPITAL	ID	501(C)(3)	11, TYPE I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR97814 27-1790052	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No
SAINT ALPHONSUS MEDICAL CENTER-NAMPA 1512 12TH AVENUE ROAD NAMPA, ID83686 82-0200896	TO PROVIDE QUALITY HEALTH CARE	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO 351 SW 9TH STREET ONTARIO, OR97914 27-1789847	TO PROVIDE QUALITY HEALTH CARE	OR	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC		No

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						Yes	No
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID83706 82-0200895	HEALTHCARE SERVICES	ID	501(C)(3)	3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC 1915 LAKE AVENUE PO BOX 670 PLYMOUTH, IN46563 35-1142669	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC PO BOX 1935 SOUTH BEND, IN466341935 35-0868157	HEALTHCARE SERVICES	IN	501(C)(3)	3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 801 EAST LASALLE AVE SOUTH BEND, IN46617 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
SAINT JOSEPH'S AUXILIARY OF MARSHALL COUNTY 1915 LAKE AVENUE PLYMOUTH, IN46563 35-6043563	HOSPITAL SERVICE AUXILIARY	IN	501(C)(3)	11, TYPE II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC		No
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI483339184 31-1040468	PROVIDES HOUSING FOR LOW INCOME ELDERLY INDIVIDUALS	IN	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES-INDIANA		No
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW GRAND RAPIDS, MI49505 38-3320700	PROVIDE HOME HEALTH CARE SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HOME HEALTH SERVICES INC		No
SAINT MARY'S DORAN FOUNDATION CO SAINT MARY'S HEALTH CARE 200 JEFFERSON ST SE GRAND RAPIDS, MI49503 38-1779602	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	7	TRINITY HEALTH-MICHIGAN		No
ST JOHN'S HEALTH SYSTEM 27870 CABOT DRIVE NOVI, MI483772920 35-0877584	HEALTHCARE SERVICES (FORMERLY)	IN	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI48341 35-2356789	SUPPORTS SERVICES OF RELATED HOSPITAL	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH-MICHIGAN		No
ST ANN'S HOSPITAL 500 SOUTH CLEVELAND AVE WESTERVILLE, OH43081 31-4412701	HEALTHCARE SERVICES	OH	501(C)(3)	3	MOUNT CARMEL HEALTH SYSTEM		No
ST ELIZABETH HEALTH CARE FOUNDATION 3325 POCAHONTAS ROAD BAKER CITY, OR97814 94-3164869	SUPPORT THE SERVICES OF RELATED HOSPITAL	OR	501(C)(3)	7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY		No

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'S MEDICAL CENTER AUXILIARY 801 E LASALLE AVE PO BOX 1935 SOUTH BEND, IN466341935 35-6033285	HOSPITAL SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC		No
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 4215 EDISON LAKES PARKWAY MISHAWAKA, IN46545 35-1654543	SUPPORTS SERVICES OF RELATED HOSPITAL	IN	501(C)(3)	11, TYPE I	SAINT JOSEPH REGIONAL MEDICAL CENTER INC		No
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI483339184 38-2559656	MANAGEMENT SERVICES FOR LONG TERM CARE AND SENIOR LIVING FACILITIES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI483339184 93-0907047	PROVIDES LONG-TERM CARE AND RESIDENTIAL HOUSING	IN	501(C)(3)	9	TRINITY CONTINUING CARE SERVICES		No
TRINITY HEALTH - MICHIGAN 27870 CABOT DRIVE NOVI, MI483772920 38-2113393	HEALTHCARE SERVICES	MI	501(C)(3)	3	TRINITY HEALTH CORPORATION		No
TRINITY HEALTH CORPORATION 27870 CABOT DRIVE NOVI, MI483772920 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	11, TYPE I	N/A		No
TRINITY HEALTH INTERNATIONAL 27870 CABOT DRIVE NOVI, MI483772920 42-1253527	HEALTHCARE TRAINING AND SUPPORT SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No
TRINITY HEALTH WELFARE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE COVERAGE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION		No
TRINITY HOME HEALTH SERVICES INC 17410 COLLEGE PARKWAY LIVONIA, MI48152 38-2621935	HOME HEALTH CARE SYSTEM MANAGEMENT SERVICES	MI	501(C)(3)	11, TYPE I	TRINITY HEALTH CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVANCED IMAGING SERVICES OF BATTLE CREEK 5352 BECKLEY ROAD STE A BATTLE CREEK, MI49015 20-4594297	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No	0 %
ADVENT REHABILITATION LLC 607 DEWEY AVENUE SUITE 300 GRAND RAPIDS, MI49504 38-3306673	REHABILITATION THERAPY SERVICES	MI	N/A	N/A				No			No	0 %
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1608125	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
CENTER FOR DIGESTIVE CARE LLC 5300 ELLIOTT DRIVE YPSILANTI, MI48197 03-0447062	PROVIDE GASTROINTESTINAL SERVICES	MI	N/A	N/A				No			No	0 %
CENTRAL OHIO SLEEP MEDICINE LTD 5955 EAST BROAD ST COLUMBUS, OH43213 31-1701029	SLEEP MEDICINE SERVICES	OH	N/A	N/A				No			No	0 %
CLINTON IMAGING SERVICES LLC 615 VALLEY VIEW DR STE 202 MOLINE, IL61265 41-2044739	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A				No			No	0 %
FOREST PARK IMAGING LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4365966	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A				No			No	0 %
FRANCES WARDE MEDICAL LABORATORY 300 WEST TEXTILE ROAD ANN ARBOR, MI48104 38-2648446	LABORATORY	MI	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FRESNO IMAGING CENTER 1303 E HERNDON AVE FRESNO, CA93720 77-0363563	DIAGNOSTIC IMAGING	CA	N/A	N/A				No			No	0 %
HAWARDEN COMMUNITY CLINIC LLC 1122 AVENUE L HAWARDEN, IA51023 20-1444339	MEDICAL CLINIC	IA	N/A	N/A				No			No	0 %
IDAHO GYNONCOLOGY SERVICES LLC 1055 N CURTIS RD BOISE, ID83706 20-2975807	PROVIDE GYN ONCOLOGY SERVICES	ID	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	RELATED	-88,601	118,035		No		Yes		50 000 %
INTERMOUNTAIN MEDICAL IMAGING LLC 877 WEST MAIN ST STE 603 BOISE, ID83702 82-0514422	PROVIDE IMAGING SERVICES	ID	N/A	N/A				No			No	0 %
MAGNETIC RESONANCE SERVICES PARTNERSHIP 1416 SIXTH STREET SW MASON CITY, IA50401 42-1328388	MRI SERVICES	IA	N/A	N/A				No			No	0 %
MASON CITY AMBULATORY SURGERY CENTER LLC 990 4TH STREET SW MASON CITY, IA50401 20-1960348	SURGERY-SAME DAY	IA	N/A	N/A				No			No	0 %
MCE MOB IV LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 42-1544707	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
MCMC POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1392994	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MEDILUCENT MOB I 793 W STATE STREET COLUMBUS, OH43222 20-4911370	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
MERCY HEART CTR OP SERVICES LLC 1000 4TH STREET SW MASON CITY, IA50401 13-4237594	CARDIOVASCULAR SERVICES	IA	N/A	N/A				No			No	0 %
MERCY OUTPATIENT SURGERY CENTER LLC 1512 12TH AVENUE ROAD NAMPA, ID83686 84-1380439	OUTPATIENT SURGERY	ID	N/A	N/A				No			No	0 %
MICHIANA HEALTH INFORMATION NETWORK LLC 215 WEST MADISON STREET SOUTH BEND, IN46601 35-2050128	COMMUNITY BASED CLINICAL INFORMATION SYSTEM AND DATA DEPOSITORY	IN	N/A	N/A				No			No	0 %
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1369473	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
NEWCO AMBULATORY SURGERY CTR LLP 4190 24TH AVENUE FORT GRATIOT, MI48059 30-0136708	OUTPATIENT SURGERY CENTER	MI	N/A	N/A				No			No	0 %
RIVERVIEW MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1531135	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
ROSENBERG & BRUNO PROPERTIES LLC (FKA BSV MEDICAL OFFICE BUILDING II LLC) 855 M STREET TENTH FLOOR FRESNO, CA93721 20-2673839	MEDICAL OFFICE BUILDING RENTAL	CA	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SARMED OUTPATIENT PHARMACY LLC 999 N CURTIS RD STE 102 BOISE, ID83706 51-0483218	PHARMACY	ID	N/A	N/A				No			No	0 %
SIXTY FOURTH STREET LLC 2373 64TH ST STE 2200 BYRON CENTER, MI49315 20-2443646	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A				No			No	0 %
ST ALPHONSUS CALDWELL CANCER CTR LLC 3123 MEDICAL DR CALDWELL, ID83605 82-0526861	RADIATION ONCOLOGY	ID	N/A	N/A				No			No	0 %
ST ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1603660	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
TAMARACK MEDICAL CLINIC LLC 610 VILLAGE DRIVE DONNELLY, ID83615 20-1637921	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A				No			No	0 %
WESTAR MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP 793 W STATE STREET COLUMBUS, OH43222 31-1784409	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A				No			No	0 %
WOODLAND IMAGING CENTER LLC 5301 E HURON RIVER DR ANN ARBOR, MI48106 76-0820959	RADIOLOGY/IMAGING	MI	N/A	N/A				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI49440 38-3522260	SOFTWARE MARKETING	MI	N/A	C			
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C			
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C			
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C			
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C			
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI49442 38-2447870	PHARMACY	MI	N/A	C			
HEF INC 1415 LEAHY ST MUSKEGON, MI49442 38-3086401	OFFICE STAFFING	MI	N/A	C			
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD20904 52-1986562	HOME CARE SERVICES	MD	N/A	C			
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C			
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C			
INTEGRATED HEALTH ASSOCIATES INC 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3126920	MEDICAL MANAGEMENT	MI	N/A	C			
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C			
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI48106 38-3316559	MEDICAL SERVICES	MI	N/A	C			
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C			
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C			
MERCY COMMUNITY PHYSICIANS 363 FREMONT STREET BATTLE CREEK, MI49017 26-4252468	HEALTHCARE SERVICES	MI	N/A	C			
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C			
MICHIGAN PHYSICIAN SERVICES 44405 WOODWARD AVENUE H-5 PONTIAC, MI48341 38-3293125	PHYSICIAN SERVICES	MI	N/A	C			
MICHIGAN ATHLETIC CLUB 2500 BURTON GRAND RAPIDS, MI49546 38-2647304	ATHLETIC CLUB	MI	N/A	C			
MOUNT CARMEL BEHAVIORAL HEALTHCARE SERVICES INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-0971510	BEHAVIORAL HEALTHCARE SERVICES	OH	N/A	C			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
MOUNT CARMEL HEALTH HORIZONS CORP 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1177652	MEDICAL SERVICES/RENT	OH	N/A	C			
MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1382442	MEDICAL SERVICES	OH	N/A	C			
NORTH IOWA MERCY MEDICAL SERVICES INC 1000 4TH ST SW MASON CITY, IA50401 42-1382308	MEDICAL SERVICES	IA	N/A	C			
PRIMARY CARE NETWORK OF OHIO INC 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1422486	HEALTH MANAGEMENT SERVICES	OH	N/A	C			
PRIORITY PLUS OF CALIFORNIA PO BOX 27230 FRESNO, CA93729 77-0395267	FORMERLY HEALTH MANAGEMENT NOW DISCONTINUED SUBSTANTIALLY ALL OPERATIONS	CA	N/A	C			
SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID837061370 33-1078261	PHYSICIANS	ID	SAINT ALPHONSUS REGIONAL MEDICAL CENTER	C			100 000 %
SAINT MARY'S HEALTH MANAGEMENT COMPANY 1640 EAST PARIS SE GRAND RAPIDS, MI49546 38-3450733	ATHLETIC CLUB	MI	N/A	C			
SURGERY CENTER FINANCING CORPORATION 6150 EAST BROAD STREET COLUMBUS, OH43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C			
TRINITY HEALTH EMPLOYEE BENEFIT TRUST 27870 CABOT DRIVE NOVI, MI483772920 38-3410377	GRANTOR TRUST	MI	N/A	T			
VENZKE INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C			
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C			
WORKPLACE HEALTH OF GRAND HAVEN 1415 LEAHY ST MUSKEGON, MI49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	MOUNT CARMEL HEALTH SYSTEM	L	134,589	PER BOOKS
(2)	ST ALPHONSUS CALDWELL CANCER CTR LLC	K	492,314	PER BOOKS
(3)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	K	3,208,540	PER BOOKS
(4)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	L	192,412	PER BOOKS
(5)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	P	124,084	PER BOOKS
(6)	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	J	122,129	PER BOOKS
(7)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	K	2,635,882	PER BOOKS
(8)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	L	53,129	PER BOOKS
(9)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	P	168,916	PER BOOKS
(10)	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	J	211,276	PER BOOKS
(11)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	K	1,085,405	PER BOOKS
(12)	SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	P	62,833	PER BOOKS
(13)	SAINT AGNES MEDICAL CENTER	L	66,404	PER BOOKS
(14)	SAINT ALPHONSUS DIVERSIFIED CARE INC	B	2,259,822	PER BOOKS
(15)	MERCY PHYSICIAN GROUP INC	L	969,019	PER BOOKS
(16)	SARMED OUTPATIENT PHARMACY LLC	K	51,363	PER BOOKS
(17)	TRINITY HEALTH CORPORATION	E	35,000,000	PER BOOKS
(18)	TRINITY HEALTH CORPORATION	Q	9,117,598	PER BOOKS
(19)	TRINITY HEALTH CORPORATION	B	44,113,000	PER BOOKS
(20)	TRINITY HEALTH CORPORATION	L	31,252,019	PER BOOKS
(21)	TRINITY HEALTH CORPORATION	K	437,609	PER BOOKS
(22)	TRINITY HEALTH CORPORATION	P	1,313,730	PER BOOKS
(23)	TRINITY HEALTH CORPORATION	O	25,040,798	PER BOOKS
(24)	TRINITY HEALTH CORPORATION	C	174,612	PER BOOKS

	June 11 LASTYR	June 10 2YRSAGO
ASSETS		
Current assets:		
Cash and investments	200,146,559	183,456,363
Security lending collateral	118,876,615	130,913,425
Assets limited as to use		
Held by trustee under bond indentures	198,121	1,647,667
Intercompany receivables	154,797,902	102,284,325
Other receivables	17,664,287	14,686,728
Inventories	6,004	6,753
Prepaid expenses and other current assets	62,588,930	63,467,286
Total current assets	554,278,418	496,462,547
Assets limited or restricted as to use:		
Held by trustee under bond indenture agreements	6,627,181	45,740,698
Self insurance, benefit plans, and other	21,516,674	19,579,194
By Board	1,054,332,200	911,162,217
By donors	4,035	
Total assets limited or restricted as to use	1,082,480,091	976,482,109
Property and equipment, net	305,262,625	291,125,167
Investments in unconsolidated affiliates	4,765,563,160	4,365,594,433
Deferred financing costs, net of amortization	17,006,465	16,135,946
Intercompany notes receivable	2,388,819,315	2,321,024,906
Other long term assets	45,000,162	32,773,280
Total assets	**9,158,410,236**	**8,499,598,389**
LIABILITIES AND NET ASSETS		
Current liabilities:		
Line of credit and commercial paper	99,978,371	169,956,379
Short term borrowings	1,121,270,000	1,143,940,000
Current portion of long term debt	23,265,000	25,780,000
Accounts payable *	48,119,283	46,816,837
Accrued expenses	91,500,553	25,947,006
Salaries, wages, and related liabilities	44,006,602	40,361,103
Obligation to return security lending collateral	118,876,615	130,913,425
Estimated payables to third party payors, net	260,111	344,455
Total current liabilities	1,547,276,535	1,584,059,205
Long term debt, net of current portion	1,488,364,135	1,367,098,941
Self insured reserves	177,163,821	176,650,713
Accrued pension and retiree health costs	334,982,286	641,415,963
Other long term liabilities	495,357,015	508,320,649
Total liabilities	4,043,143,792	4,277,545,471
Net assets:		
Unrestricted, controlling interest	5,115,178,770	4,221,969,720
Unrestricted, non-controlling interest		
Unrestricted net assets	5,115,178,770	4,221,969,720
Temporarily restricted, controlling interest	87,674	83,197
Temporarily restricted, non-controlling interest		
Temporarily restricted net assets	87,674	83,197
Permanently restricted, controlling interest	0	0
Permanently restricted, non-controlling interest		
Permanently restricted net assets	0	0
Total net assets	5,115,266,444	4,222,052,917
Total liabilities and net assets	**9,158,410,236**	**8,499,598,389**

* If a balance sheet plug exists, it is included in the accounts payable line

XBS_TAX

	June 11 YTD LASTYR	June 10 YTD 2YRSAGO
REVENUE		
Inpatient service revenue	0	0
Ambulatory service revenue	0	0
Physician outpatient revenue	0	0
Long term care revenue	0	0
Home care revenue	0	0
Total gross patient revenue	0	0
Less Contractual allowance	(3,270)	(1,410,269)
Less Operational adjustments	0	0
Less Allow for self insurance benefits	0	0
Less Charity care at charges	0	0
Net patient service revenue	3,270	1,410,269
Premium and capitation revenue	0	0
Operating investment income	92,599,198	88,984,342
Restricted net assets released	0	0
Equity gains (losses) in unconsolidated affiliates	(12,630)	0
Other revenue	662,279,640	604,875,203
Total operating revenue	754,869,478	695,269,814
EXPENSES		
Salaries and wages	248,767,745	215,856,192
Employee benefits	74,106,994	64,584,377
Contract labor	6,254,908	5,570,982
Total labor expenses	329,129,647	286,011,551
Supplies	7,346,539	4,697,943
Purchased services	121,565,712	101,354,327
Medical claims and capitated purchased services	0	0
Depreciation and amortization	77,393,420	74,908,683
Occupancy	75,624,085	65,468,445
Provision for bad debt	0	0
Interest	84,350,062	79,658,490
Other expenses	68,428,224	67,865,548
Total expenses	763,837,689	679,964,987
Risk factors	0	0
Operating income (loss) before unusual items	(8,968,211)	15,304,827
Operating income (loss)	(8,968,211)	15,304,827
Non-operating items:		
Non-operating invest earnings	124,898,637	98,648,364
Non-operating derivatives	29,265,797	(24,230,960)
Gain or loss from ext of debt	(10,184,968)	(948,556)
Other non-operating income (loss)	(6,477,323)	(8,398,886)
Non-controlling interest	0	0
Obligated Group equity earnings	547,798,843	347,007,506
Excess (Deficiency) of revenue over expense	676,332,775	427,382,296

Trinity Health 990 Entities
Consolidated Statements of Changes in Net Assets
For 12 month(s) ended June

	June 2011			June 2010			June 2009		
	Total	Controlling Interest	Non-controlling Interest	Total	Controlling Interest	Non-controlling Interest	Total	Controlling Interest	Non-controlling Interest
UNRESTRICTED NET ASSETS									
Excess (deficiency) of revenue over expenses	$676,332,775	$676,332,775	-	$427,382,296	$427,382,296	-	($484,643,472)	($484,643,472)	-
Change in net unrealized gains (losses) on investments	5,109,237	5,109,237	-	2,936,525	2,936,525	-	2,078,589	2,078,589	-
Change in market value of derivatives	-	-	-	-	-	-	1,451,265	1,451,265	-
Transfers (to)/from affiliates	162,137,529	162,137,529	-	(55,099,429)	(55,099,429)	-	92,687,987	92,687,987	-
Chg in deferred retirement cost	202,936,432	202,936,432	-	(206,211,209)	(206,211,209)	-	(727,182,459)	(727,182,459)	-
Net cum effect of change in accounting principal	(7,823,151)	(7,823,151)	-	-	-	-	(13,574,050)	(13,574,050)	-
Other	(148,671,575)	(148,671,575)	-	98,072,751	98,072,751	-	(133,383,383)	(133,383,383)	-
Incr (decr) in unrestricted net assets before disc ops	890,021,248	890,021,248	-	267,080,933	267,080,933	-	(1,262,565,524)	(1,262,565,524)	-
Income (loss) from discontinued operations	4,836,210	4,836,210	-	6,712,726	6,712,726	-	(4,599,096)	(4,599,096)	-
Gain (loss) on disposal of discontinued operations	(1,648,408)	(1,648,408)	-	0	0	-	0	0	-
Increase/(decrease) in unrestricted net assets	893,209,049	893,209,049	-	273,793,659	273,793,659	-	(1,267,164,619)	(1,267,164,619)	-
TEMPORARILY RESTRICTED NET ASSETS									
Contributions	4,035	4,035	-	-	-	-	-	-	-
Investment income (loss)	442	442	-	417	417	-	418	418	-
Increase/(decrease) in temporarily restricted net assets	4,477	4,477	-	417	417	-	418	418	-
PERMANENTLY RESTRICTED NET ASSETS									
Increase/(decrease) in permanently restricted net assets	-	-	-	-	-	-	-	-	-
INCREASE/(DECREASE) IN NET ASSETS	893,213,527	893,213,527	-	273,794,076	273,794,076	-	(1,267,164,201)	(1,267,164,201)	-
NET ASSETS, BEGINNING OF YEAR	4,222,052,917	4,222,052,917	-	3,948,258,842	3,948,258,842	-	5,215,423,042	5,215,423,042	-
NET ASSETS, END OF PERIOD	$5,115,266,444	$5,115,266,444	-	$4,222,052,917	$4,222,052,917	-	$3,948,258,842	$3,948,258,842	-

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Note: Prints for one fiscal year only.
Change Point-of-View bar to print a different fiscal year.

FY 2011

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Donor-restricted endowment funds*	0		0	0
Board-designated endowment funds		0	0	0
Total endowment funds	$0	$0	$0	$0

* Unrestricted NA used only for incremental losses above donor-required balance, and restoration of those losses Balance shouldn't exceed -0-

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Endowment net assets, June 30, Prior Year	$0	$0	$0	$0
Investment return				
Investment income		0	0	0
Change in net realized and unrealized gains and losses		0	0	0
Total investment return	0	0	0	0
Contributions	0	0	0	0
Appropriation of endowment assets for expenditures	0	0	0	0
Transfer to create board-designated endowment	0	0	0	0
Other		0	0	0
Endowment net assets, June 30, Current Year	$0	$0	$0	$0

	June 2011
Permanently restricted net assets	
Hospital operations support	
Medical program support	
Scholarship funds	
Research funds	
Community service funds	
Other funds	
Total endowment funds classified as permanently restricted net assets	
SHOULD BE ZERO: Perm Rest Endowments	**0**
Temporarily restricted net assets	
Term endowment funds	
Other	0
Total endowment funds classified as temporarily restricted net assets	$0
SHOULD BE ZERO: Temp Rest Endowments	**0**

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	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
ASSETS				
Current Assets:				
1000 - Petty cash	500	200	300	150 0%
1001 - CMP Cash	38,527,010	37,739,245	787,765	2 1%
1004 - Local cash payroll	(169,649)	(32,347)	(137,302)	(424 5%)
1005 - Local cash other	2,330,190	3,303,337	(973,147)	(29 5%)
1060 - Custodial cash (short term)	106,683	103,545	3,138	3 0%
Cash and cash equivalents	**40,794,734**	**41,113,980**	**(319,246)**	**(0.8%)**
1010 - CMP Investments	134,673,337	131,192,021	3,481,316	2 7%
1009 - CMP Investments unrl g/l	24,678,487	11,150,362	13,528,125	121 3%
Investments, current	**159,351,824**	**142,342,382**	**17,009,442**	**11.9%**
Cash and investments	**200,146,559**	**183,456,363**	**16,690,196**	**9.1%**
1075 - Security lending collateral	118,876,615	130,913,425	(12,036,810)	(9 2%)
1045 - ST Bond pay fund,principal CM	136,328	1,540,966	(1,404,639)	(91 2%)
1047 - ST Bond payment fund,expens	61,793	106,701	(44,907)	(42 1%)
Held by trst under bnd ind cur	**198,121**	**1,647,667**	**(1,449,546)**	**(88.0%)**
Assets limited as to use, cur	**198,121**	**1,647,667**	**(1,449,546)**	**(88.0%)**
1100 - Gross A/R for patient services	(50,629)	(137,327)	86,698	63 1%
Gross patient A/R	**(50,629)**	**(137,327)**	**86,698**	**63.1%**
1700 - Medicare facility charge	52	52	0	0 0%
Medicare allowances	**52**	**52**	**0**	**0.0%**
1776 - Other Managed Care contractu	2,450	1,176	(1,274)	(108 3%)
Other Managed Care allowances	**2,450**	**1,176**	**(1,274)**	**(108.3%)**
1796 - Other Payors contractual	2,634	1,745	(890)	(51 0%)
Other Payors allowances	**2,634**	**1,745**	**(890)**	**(51.0%)**
1802 - Other allow for cntrctl adj	204,345	204,155	(190)	(0 1%)
1803 - Contra-oth allow cntrctl adj	(260,111)	(344,455)	(84,345)	(24 5%)
Other contractual allowances	**(55,766)**	**(140,300)**	**(84,534)**	**(60.3%)**
Contractual allowances, total	**(50,629)**	**(137,327)**	**(86,698)**	**(63.1%)**
1197 GL - GL Org for PS I/C activity	*27,528*	*1,009,015*	*(981,487)*	*(97 3%)*
1197 AA101 - Central Services	*505,771*	*1,065,523*	*(559,751)*	*(52 5%)*
1197 AA102 - St Joseph Mercy Hosp	*8,198,872*	*4,858,377*	*3,340,495*	*68 8%*
1197 AA105 - Chelsea Community H	*278,288*	*100,164*	*178,124*	*177 8%*
1197 LI101 - St Mary Mercy Hospita	*0*	*0*	*0*	*0 0%*
1197 AA106 - St Mary Mercy Hospit	*895,523*	*580,005*	*315,519*	*54 4%*
1197 BC101 - Battle Creek Hospital	*1,482,931*	*1,116,388*	*366,543*	*32 8%*
1197 CA401 - Saint Agnes Medical C	*4,796,199*	*1,686,233*	*3,109,966*	*184 4%*
1197 CL101 - Mercy Medical Center	*914,814*	*873,091*	*41,723*	*4 8%*
1197 DU101 - Mercy Medical Center	*1,292,394*	*677,247*	*615,147*	*90 8%*
1197 GR101 - St Mary's Health Care	*3,352,913*	*2,627,023*	*725,890*	*27 6%*
1197 GR401 - Advantage Health	*0*	*76,826*	*(76,826)*	*(100 0%)*
1197 GR402 - Advantage Health-St	*9,466*		*9,466*	
1197 GR602 - East Hills Athletic Clul	*1,021*	*1,541*	*(520)*	*(33 8%)*
1197 HH301 - Home Care Corporate	*506,534*	*577,101*	*(70,567)*	*(12 2%)*
1197 ID101 - Saint Alphonsus Regio	*3,879,859*	*1,971,820*	*1,908,040*	*96 8%*
1197 ID110 - SAMC - Nampa	*290,586*	*249,705*	*40,881*	*16 4%*
1197 ID112 - SAMC - Ontario	*133,641*	*184,420*	*(50,779)*	*(27 5%)*
1197 ID114 - SAMC - Baker City	*148,235*	*102,754*	*45,481*	*44 3%*
1197 IN201 - Saint Joseph's RMC In	*1,048,938*	*767,200*	*281,738*	*36 7%*
1197 IR701 - Venzke Insurance Corr	*38,299,504*	*20,869,746*	*17,429,758*	*83 5%*
1197 LA601 - Michigan Cotenancy L	*26,538*	*143,955*	*(117,417)*	*(81 6%)*
1197 LA602 - Warde Medical Labora	*(19,800)*	*0*	*(19,800)*	
1197 MC101 - Mercy Medical Center	*2,893,327*	*3,047,380*	*(154,054)*	*(5 1%)*
1197 MC102 - Mercy Medical Ctr-Ne	*0*	*1,000*	*(1,000)*	*(100 0%)*

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
1197 MD140 - Holy Cross Hospital	1,752,225	1,549,702	202,524	13 1%
1197 MU101 - Mercy General Health	2,695,735	2,294,662	401,073	17 5%
1197 NO101 - Mercy Hospital - Cadi	526,761	406,978	119,783	29 4%
1197 NO102 - Mercy Hospital - Gray	489,299	367,769	121,530	33 0%
1197 OA101 - St Joseph Mercy Hos	2,261,845	2,052,548	209,297	10 2%
1197 OH1HS - MCHS Corporate Dep	2,406,617	1,637,784	768,833	46 9%
1197 PH101 - Mercy Hospital - Port	1,174,418	665,400	509,019	76 5%
1197 SC101 - Mercy Medical Ctr - St	1,747,831	1,185,416	562,415	47 4%
1197 TC600 - TSLC Corporate Office	628,811	644,324	(15,513)	(2 4%)
1197 - IC Other A/R	82,646,625	53,391,094	29,255,531	54 8%
1203 AA101 - Central Services	211,201		211,201	
1203 AA102 - St Joseph Mercy Hosp	4,013,433		4,013,433	
1203 AA103 - Saint Joseph Mercy Li	435,102		435,102	
1203 AA104 - Saint Joseph Mercy S	36,654		36,654	
1203 AA106 - St Mary Mercy Hospit	1,782,063		1,782,063	
1203 AA301 - Saint Joseph Mercy H	3,407		3,407	
1203 AA401 - Health Services Corp	592		592	
1203 AA501 - Avant Imaging	343		343	
1203 AA601 - Huron Arbor Corp	1,879		1,879	
1203 AA652 - Continuing Mission	24,534		24,534	
1203 AA751 - Midwest Med Flight	124,030		124,030	
1203 CL101 - Mercy Medical Center	455,983		455,983	
1203 DU101 - Mercy Medical Center	690,755		690,755	
1203 DU102 - Mercy Medical Ctr - D	34,109		34,109	
1203 IN201 - Saint Joseph's RMC In	474,739		474,739	
1203 IN202 - Saint Joseph's RMC - S	1,346,238		1,346,238	
1203 IN203 - Saint Joseph's RMC - I	198,747		198,747	
1203 IN209 - Saint Joseph's Care Fc	4,886		4,886	
1203 IN213 - St Joseph Comm Hosp	621		621	
1203 MD113 - Holy Cross Private Hc	1,398		1,398	
1203 MD140 - Holy Cross Hospital	3,705,955		3,705,955	
1203 MU101 - Mercy General Health	2,625,739		2,625,739	
1203 MU102 - Hackley Hospital	1,658,616		1,658,616	
1203 MU103 - Hackley Lakeshore H	94,958		94,958	
1203 MU601 - West Shore Prof Phar	2,222		2,222	
1203 MU636 - Hackley Life Counseli	1,432		1,432	
1203 OA101 - St Joseph Mercy Hos	2,145,281	1,782,836	362,445	20 3%
1203 OA401 - Michigan Physician Se	0	63	(63)	(100 0%)
1203 PH101 - Mercy Hospital - Port	857,238	172,374	684,864	397 3%
1203 PH450 - Port Huron Family Ca	1,617	313	1,304	417 1%
1203 - IC A/R UAPO vendor payments	20,933,772	1,955,585	18,978,187	970 5%
1205 AA102 - St Joseph Mercy Hosp	32,141	1,252	30,889	2,467 2%
1205 BC101 - Battle Creek Hospital	0	505	(505)	(100 0%)
1205 CA401 - Saint Agnes Medical C	0	105	(105)	(100 0%)
1205 CL101 - Mercy Medical Center	0	380	(380)	(100 0%)
1205 DU101 - Mercy Medical Center	0	192	(192)	(100 0%)
1205 DU102 - Mercy Medical Ctr - D	0	146	(146)	(100 0%)
1205 GR101 - St Mary's Health Care	1,479	69	1,410	2,043 0%
1205 ID101 - Saint Alphonsus Regio	0	861	(861)	(100 0%)
1205 IN201 - Saint Joseph's RMC In	0	(48,809)	48,809	100 0%
1205 IN202 - Saint Joseph's RMC - S	12,362	12,362	0	0 0%
1205 IN203 - Saint Joseph's RMC - I	(5,539)	37,695	(43,234)	(114 7%)
1205 MC101 - Mercy Medical Center	0	230	(230)	(100 0%)
1205 MD140 - Holy Cross Hospital	1,431	429	1,002	233 6%
1205 MU101 - Mercy General Health	298,405	114	298,291	261,658 7%

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
1205 NO101 - Mercy Hospital - Cadi	*0*	*681*	*(681)*	*(100 0%)*
1205 NO102 - Mercy Hospital - Gray	*0*	*995*	*(995)*	*(100 0%)*
1205 OA101 - St Joseph Mercy Hos	*1,258*	*1,689*	*(431)*	*(25 5%)*
1205 OH1HS - MCHS Corporate Dep	*0*	*794*	*(794)*	*(100 0%)*
1205 PH101 - Mercy Hospital - Port	*949*	*378*	*571*	*150 9%*
1205 SC101 - Mercy Medical Ctr - St	*262*	*876*	*(614)*	*(70 1%)*
1205 - IC A/R SCM manual process	342,748	10,942	331,806	3,032 5%
1210 AA102 - St Joseph Mercy Hosp	*5,396,057*	*5,222,767*	*173,290*	*3 3%*
1210 AA103 - Saint Joseph Mercy Li	*523,389*	*506,580*	*16,809*	*3 3%*
1210 AA104 - Saint Joseph Mercy St	*88,802*	*85,950*	*2,852*	*3 3%*
1210 AA105 - Chelsea Community H	*806,035*	*780,150*	*25,885*	*3 3%*
1210 AA106 - St Mary Mercy Hospit	*1,598,762*	*1,547,419*	*51,343*	*3 3%*
1210 BC101 - Battle Creek Hospital	*1,269,207*	*1,228,447*	*40,760*	*3 3%*
1210 CA401 - Saint Agnes Medical C	*2,123,726*	*2,055,524*	*68,202*	*3 3%*
1210 CA403 - Professional Office Co	*63,364*	*61,329*	*2,035*	*3 3%*
1210 CL101 - Mercy Medical Center	*387,222*	*374,787*	*12,435*	*3 3%*
1210 DU101 - Mercy Medical Center	*503,282*	*487,119*	*16,163*	*3 3%*
1210 GR101 - St Mary's Health Care	*2,452,421*	*2,373,663*	*78,758*	*3 3%*
1210 HH301 - Home Care Corporate	*12,168*	*11,778*	*390*	*3 3%*
1210 ID101 - Saint Alphonsus Regio	*4,049,531*	*3,253,619*	*795,912*	*24 5%*
1210 ID110 - SAMC - Nampa	*23,477*	*22,723*	*754*	*3 3%*
1210 ID112 - SAMC - Ontario	*399,105*	*386,288*	*12,817*	*3 3%*
1210 ID114 - SAMC - Baker City	*136,948*	*132,550*	*4,398*	*3 3%*
1210 IN202 - Saint Joseph's RMC - S	*6,628,557*	*6,415,685*	*212,872*	*3 3%*
1210 IN203 - Saint Joseph's RMC - F	*135,074*	*130,737*	*4,337*	*3 3%*
1210 LA601 - Michigan Cotenancy L	*51,280*	*49,633*	*1,647*	*3 3%*
1210 MC101 - Mercy Medical Center	*1,792,912*	*1,600,055*	*192,857*	*12 1%*
1210 MC102 - Mercy Medical Ctr-Ne	*78,518*	*75,997*	*2,521*	*3 3%*
1210 MD140 - Holy Cross Hospital	*1,990,696*	*1,926,766*	*63,930*	*3 3%*
1210 MU101 - Mercy General Health	*808,338*	*782,379*	*25,959*	*3 3%*
1210 MU102 - Hackley Hospital	*1,944,290*	*1,881,850*	*62,440*	*3 3%*
1210 NO101 - Mercy Hospital - Cadi	*427,518*	*185,492*	*242,026*	*130 5%*
1210 NO102 - Mercy Hospital - Gray	*538,718*	*521,417*	*17,301*	*3 3%*
1210 OA101 - St Joseph Mercy Hos	*2,048,906*	*1,983,106*	*65,800*	*3 3%*
1210 OH1HS - MCHS Corporate Dep	*10,166,179*	*8,825,220*	*1,340,959*	*15 2%*
1210 PH101 - Mercy Hospital - Port	*647,667*	*626,868*	*20,799*	*3 3%*
1210 SC101 - Mercy Medical Ctr - St	*1,635,940*	*1,583,403*	*52,537*	*3 3%*
1210 TC600 - TSLC Corporate Office	*2,112,415*	*1,754,692*	*357,723*	*20 4%*
1210 IC Notes receivables	50,840,504	46,873,993	3,966,511	8 5%
ST IC Notes receivable	**50,840,504**	**46,873,993**	**3,966,511**	**8.5%**
1130 OH1FD - MCHS Foundation	*7,781*	*6,685*	*1,096*	*16 4%*
1130 OH1HS - MCHS Corporate Dep	*26,473*	*46,026*	*(19,553)*	*(42 5%)*
1130 - IC Interest receivable	34,254	52,711	(18,457)	(35 0%)
Interest receivable, IC	**34,254**	**52,711**	**(18,457)**	**(35.0%)**
Other receivables, IC	**154,797,902**	**102,284,325**	**52,513,577**	**51.3%**
1150 - Interest receivable - ext debt	205,611	180,165	25,446	14 1%
1190 - Current portion notes rec	7,239,074	6,850,000	389,074	5 7%
1195 - Miscellaneous receivables	4,928,998	4,911,386	17,612	0 4%
1196 - Miscellaneous receivables II	5,317,540	3,061,427	2,256,113	73 7%
1198 - AR, Non-IC UAPO vendor payr	1,813		1,813	
1201 - Allow for misc receivables	0	287,500	287,500	100 0%
1202 - Allow for misc receivables II	28,750	28,750	0	0 0%
Miscellaneous receivable,total	**17,664,287**	**14,686,728**	**2,977,558**	**20.3%**
Other receivables	**172,462,189**	**116,971,053**	**55,491,136**	**47.4%**
1230 - Inventory	6,004	6,753	(749)	(11 1%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
INVENTORY - Inventory	6,004	6,753	(749)	(11 1%)
1241 - Prepaid insurance	3,573,190	3,452,539	120,650	3 5%
1247 - Deposits	1,300,000	1,050,000	250,000	23 8%
1250 - Other prepaid expenses	27,111,988	26,464,330	647,659	2 4%
Prepaid expenses	**31,985,178**	**30,966,869**	**1,018,309**	**3.3%**
1260 - Other current assets	30,600,000	32,500,000	(1,900,000)	(5 8%)
1265 - Out of balance (Psoft debits)	3,753	417	3,336	800 0%
Other current assets, total	**30,603,753**	**32,500,417**	**(1,896,664)**	**(5.8%)**
Prepaid expense & other	**62,588,930**	**63,467,286**	**(878,355)**	**(1.4%)**
Current assets	**554,278,418**	**496,462,547**	**57,815,871**	**11.6%**
Long Term Assets:				
1050 - LT Construction funds	6,627,181	45,740,698	(39,113,517)	(85 5%)
Held by trust under bnd ind	**6,627,181**	**45,740,698**	**(39,113,517)**	**(85.5%)**
1074 - Deferd comp fund Corp 457/45	9,599,177	7,272,092	2,327,085	32 0%
1078 - Other trust investments	129,805	152,376	(22,571)	(14 8%)
1087 - Self-ins investments (CMP)	10,048,392	10,970,934	(922,542)	(8 4%)
1086 - Self-ins invest (CMP) unrl g/l	545,849	66,539	479,310	720 3%
1088 - Self-ins investments, local	1,193,452	1,117,253	76,198	6 8%
Self ins, ben plan & other	**21,516,674**	**19,579,194**	**1,937,481**	**9.9%**
1023 - LT Bd des funds, loc	243,803	216,455	27,348	12 6%
1020 - LT Bd des funded dep CMP	952,529,473	864,634,948	87,894,525	10 2%
1022 - LT Bd des fnd dep CMP unrl g/	54,202,108	1,137,020	53,065,088	4,667 0%
1033 - LT Bd des FAS 106 CMP funds	35,031,214	36,200,979	(1,169,765)	(3 2%)
1034 - LT Bd des FAS 106 CMP unrl g	12,325,603	8,972,814	3,352,788	37 4%
By Board	**1,054,332,200**	**911,162,217**	**143,169,984**	**15.7%**
1030 - Temp restricted invest CMP	4,035		4,035	
Temporarily restricted assets	**4,035**		**4,035**	
By donors	**4,035**		**4,035**	
Assets limited as to use	**1,082,480,091**	**976,482,109**	**105,997,983**	**10.9%**
1300 - Land	19,946,658	19,946,658	0	0 0%
1310 - Bldg, improv & fixtures, cost	11,602,057	9,768,547	1,833,510	18 8%
Building, improve & fixture	**11,602,057**	**9,768,547**	**1,833,510**	**18.8%**
1312 - Moveable equipment, cost	526,909,854	520,557,052	6,352,802	1 2%
Moveable equipment total, cos	**526,909,854**	**520,557,052**	**6,352,802**	**1.2%**
1317 - Fixed assets holding	3,172,469	3,544,357	(371,888)	(10 5%)
Fixed assets, cost	**541,684,380**	**533,869,956**	**7,814,424**	**1.5%**
1320 - Bldg, improv & fixtures - a/d	6,507,204	4,963,970	(1,543,234)	(31 1%)
Building,improv & fixtures-a/d	**6,507,204**	**4,963,970**	**(1,543,234)**	**(31.1%)**
1322 - Moveable equipment - a/d	288,207,289	294,404,300	6,197,011	2 1%
Moveable equipment total - a/d	**288,207,289**	**294,404,300**	**6,197,011**	**2.1%**
Accumulated depreciation	**294,714,493**	**299,368,271**	**4,653,777**	**1.6%**
Net depreciable assets	**246,969,887**	**234,501,686**	**12,468,201**	**5.3%**
1405 - Construction in progress	14,879,772	17,002,510	(2,122,738)	(12 5%)
1406 - Construction in progress 2	8,433,216	8,104,369	328,847	4 1%
1407 - Construction in progress 3	8,169,020	2,073,915	6,095,105	293 9%
1408 - Construction in progress 4	6,864,070	9,496,029	(2,631,959)	(27 7%)
Construction in progress	**38,346,080**	**36,676,823**	**1,669,256**	**4.6%**
Property and equipment, net	**305,262,625**	**291,125,167**	**14,137,458**	**4.9%**
1640 - Investment in MCL	224,509		224,509	
1650 - Invest in entities - Ext	8,255,727	9,756,112	(1,500,385)	(15 4%)
EQUITY_INV_OB BC0CONS - Battle	*(82,121,084)*	*(74,775,087)*	*(7,345,997)*	*(9 8%)*
EQUITY_INV_OB TP0CONS - DBA	*220*	*220*	*0*	*0 0%*

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
EQUITY_INV_OB LA601 - Michigan	*(888,308)*		*(888,308)*	
EQUITY_INV_OB LA602 - Warde M	*(331,307)*	*(247,222)*	*(84,085)*	*(34 0%)*
EQUITY_INV_OB TH_HOSP - Total	*4,755,440,084*	*4,360,205,766*	*395,234,318*	*9 1%*
EQUITY_INV_OB OTHER_SUBS - C	*8,024,364*	*(5,019,079)*	*13,043,444*	*259 9%*
EQUITY_INV_OB IS101 - Trinity Infc	*1,246,704*	*9,544,966*	*(8,298,262)*	*(86 9%)*
EQUITY_INV_OB TC0CONS - Trinity	*53,907,221*	*45,346,268*	*8,560,953*	*18 9%*
EQUITY_INV_OB THHSCONS - Trir	*25,066,044*	*21,421,699*	*3,644,344*	*17 0%*
EQUITY_INV_OB CORPORATE_OT	*520,331*	*2,873,908*	*(2,353,576)*	*(81 9%)*
EQUITY_INV_OB CO611 - Corporat	*0*	*0*	*0*	*0 0%*
EQUITY_INV_OB IN307 - Mission H	*(1)*	*(1)*	*0*	*0 0%*
EQUITY_INV_OB CO_HOSP - Form	*(396,624)*	*(396,624)*	*0*	*0 0%*
EQUITY_INV_OB AM601 - Ambulatc	*0*	*0*	*0*	*0 0%*
EQUITY_INV_OB SUMMARY - Man	*(3,384,720)*	*(3,116,492)*	*(268,228)*	*(8 6%)*
EQUITY_INV_OB - Obligated Group e	4,757,082,924	4,355,838,321	401,244,603	9 2%
Invest in unconsol affiliates	**4,765,563,160**	**4,365,594,433**	**399,968,727**	**9.2%**
1620 - Defered fin cost - ext debt	17,006,465	16,135,946	870,519	5 4%
Defered fin cost, net of amort	**17,006,465**	**16,135,946**	**870,519**	**5.4%**
1660 AA102 - St Joseph Mercy Hosp	*264,018,192*	*269,302,870*	*(5,284,678)*	*(2 0%)*
1660 AA103 - Saint Joseph Mercy Li	*25,608,358*	*26,120,944*	*(512,586)*	*(2 0%)*
1660 AA104 - Saint Joseph Mercy S	*4,344,915*	*4,431,887*	*(86,972)*	*(2 0%)*
1660 AA105 - Chelsea Community H	*39,433,943*	*40,223,344*	*(789,401)*	*(2 0%)*
1660 AA106 - St Mary Mercy Hospit	*78,224,174*	*79,789,938*	*(1,565,764)*	*(2 0%)*
1660 BC101 - Battle Creek Hospital	*62,099,730*	*63,342,740*	*(1,243,010)*	*(2 0%)*
1660 CA401 - Saint Agnes Medical C	*103,909,610*	*105,989,504*	*(2,079,894)*	*(2 0%)*
1660 CA403 - Professional Office Co	*3,100,240*	*3,162,299*	*(62,059)*	*(2 0%)*
1660 CL101 - Mercy Medical Center	*18,946,015*	*19,325,242*	*(379,227)*	*(2 0%)*
1660 DU101 - Mercy Medical Center	*24,624,562*	*25,117,455*	*(492,893)*	*(2 0%)*
1660 GR101 - St Mary's Health Care	*119,992,021*	*122,393,820*	*(2,401,799)*	*(2 0%)*
1660 HH301 - Home Care Corporate	*595,378*	*607,294*	*(11,916)*	*(2 0%)*
1660 ID101 - Saint Alphonsus Regio	*198,135,387*	*167,767,198*	*30,368,189*	*18 1%*
1660 ID110 - SAMC - Nampa	*1,148,668*	*1,171,664*	*(22,996)*	*(2 0%)*
1660 ID112 - SAMC - Ontario	*19,527,405*	*19,918,276*	*(390,871)*	*(2 0%)*
1660 ID114 - SAMC - Baker City	*6,700,578*	*6,834,702*	*(134,124)*	*(2 0%)*
1660 IN202 - Saint Joseph's RMC - S	*324,321,923*	*330,813,660*	*(6,491,737)*	*(2 0%)*
1660 IN203 - Saint Joseph's RMC - I	*6,608,916*	*6,741,203*	*(132,287)*	*(2 0%)*
1660 LA601 - Michigan Cotenancy L	*2,509,030*	*2,783,762*	*(274,732)*	*(9 9%)*
1660 MC101 - Mercy Medical Center	*87,723,561*	*82,504,051*	*5,219,510*	*6 3%*
1660 MC102 - Mercy Medical Ctr-Ne	*3,841,746*	*3,918,643*	*(76,897)*	*(2 0%)*
1660 MD140 - Holy Cross Hospital	*97,400,722*	*99,350,329*	*(1,949,607)*	*(2 0%)*
1660 MU101 - Mercy General Health	*39,550,370*	*40,342,019*	*(791,649)*	*(2 0%)*
1660 MU102 - Hackley Hospital	*95,130,185*	*97,034,343*	*(1,904,158)*	*(2 0%)*
1660 NO101 - Mercy Hospital - Cadi	*20,917,597*	*9,564,587*	*11,353,010*	*118 7%*
1660 NO102 - Mercy Hospital - Gray	*26,358,373*	*26,885,968*	*(527,595)*	*(2 0%)*
1660 OA101 - St Joseph Mercy Hos	*100,248,815*	*102,255,429*	*(2,006,614)*	*(2 0%)*
1660 OH1FD - MCHS Foundation	*2,000,000*	*2,000,000*	*0*	*0 0%*
1660 OH1HS - MCHS Corporate Dep	*396,710,441*	*356,885,318*	*39,825,123*	*11 2%*
1660 PH101 - Mercy Hospital - Port I	*31,689,033*	*32,323,332*	*(634,299)*	*(2 0%)*
1660 SC101 - Mercy Medical Ctr - St	*80,043,265*	*81,645,434*	*(1,602,169)*	*(2 0%)*
1660 TC600 - TSLC Corporate Office	*103,356,163*	*90,477,652*	*12,878,511*	*14 2%*
1660 - IC Long-term receivables	2,388,819,315	2,321,024,906	67,794,409	2 9%
LT IC Receivables	**2,388,819,315**	**2,321,024,906**	**67,794,409**	**2.9%**
1515 - Notes receivable, net	15,105,880	10,775,000	4,330,880	40 2%
1692 - LT FMV derivatives asset	27,065,648	17,176,571	9,889,077	57 6%
1690 - Other LT assets	2,828,634	4,821,709	(1,993,075)	(41 3%)
Miscellaneous LT assets	**45,000,162**	**32,773,280**	**12,226,881**	**37.3%**

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
Other long-term assets	**45,000,162**	**32,773,280**	**12,226,881**	**37.3%**
Long-term assets	**8,604,131,817**	**8,003,135,842**	**600,995,976**	**7.5%**
Assets	**9,158,410,236**	**8,499,598,389**	**658,811,847**	**7.8%**
LIABILITIES				
Current Liabilities:				
2625 - ST Commercial paper external	99,978,371	169,956,379	69,978,009	41 2%
Commercial Paper and Line of Cr	**99,978,371**	**169,956,379**	**69,978,009**	**41.2%**
2651 - ST borrowings, due</=12 mont	28,075,000	22,670,000	(5,405,000)	(23 8%)
2650 - ST borrowings, due > 12 montl	1,093,195,000	1,121,270,000	28,075,000	2 5%
ST_BORROWINGS - Short term bor	**1,121,270,000**	**1,143,940,000**	**22,670,000**	**2.0%**
2622 - ST Hosp revenue bond fixed e	23,265,000	25,780,000	2,515,000	9 8%
External debt, current	**23,265,000**	**25,780,000**	**2,515,000**	**9.8%**
Current portion of LT debt	**23,265,000**	**25,780,000**	**2,515,000**	**9.8%**
2000 - Account payable - vendors	24,267,757	21,811,750	(2,456,007)	(11 3%)
2002 - PO receipt accrual	5,289,106	3,618,705	(1,670,402)	(46 2%)
2005 - Accounts payable, manual	14,940,880	17,472,641	2,531,761	14 5%
2010 - Refunds due patients/residents	169	0	(169)	
2016 - AP, Non-IC UAPO vendor payr	17		(17)	
2040 - Other accounts payable	48,594	80,741	32,147	39 8%
Account payable, external	**44,546,523**	**42,983,836**	**(1,562,687)**	**(3.6%)**
2020 GL - GL Org for PS I/C activity	*0*	*0*	*1*	*167 4%*
2020 AA101 - Central Services	*0*	*12,000*	*12,000*	*100 0%*
2020 AA102 - St Joseph Mercy Hosp	*385,048*	*0*	*(385,049)*	*(85,566,335 6%)*
2020 AA106 - St Mary Mercy Hospit	*0*	*32,737*	*32,737*	*100 0%*
2020 BC101 - Battle Creek Hospital	*12,000*	*0*	*(12,000)*	
2020 CA401 - Saint Agnes Medical C	*226,000*	*0*	*(226,000)*	
2020 CL101 - Mercy Medical Center	*0*	*720*	*720*	*100 0%*
2020 DU101 - Mercy Medical Center	*5,908*	*120,193*	*114,285*	*95 1%*
2020 GR101 - St Mary's Health Care	*1,068,997*	*1,497,212*	*428,215*	*28 6%*
2020 ID101 - Saint Alphonsus Regio	*410,839*	*0*	*(410,839)*	
2020 IN201 - Saint Joseph's RMC In	*202,000*	*0*	*(202,000)*	
2020 IN203 - Saint Joseph's RMC -	*1,384*		*(1,384)*	
2020 IR701 - Venzke Insurance Corr	*(49)*	*0*	*49*	
2020 LA601 - Michigan Cotenancy L	*10,000*		*(10,000)*	
2020 MC101 - Mercy Medical Center	*17,929*	*1,620,455*	*1,602,525*	*98 9%*
2020 MD140 - Holy Cross Hospital	*176,000*	*285*	*(175,715)*	*(61,654 4%)*
2020 MU101 - Mercy General Health	*88,051*	*64,959*	*(23,092)*	*(35 5%)*
2020 MU642 - Muskegon Community	*29,685*		*(29,685)*	
2020 NO101 - Mercy Hospital - Cadi	*8,000*		*(8,000)*	
2020 NO102 - Mercy Hospital - Gray	*8,000*		*(8,000)*	
2020 OA101 - St Joseph Mercy Hos	*307,388*	*24,980*	*(282,408)*	*(1,130 5%)*
2020 OH1HS - MCHS Corporate Dep	*139,500*	*0*	*(139,500)*	
2020 PH101 - Mercy Hospital - Port	*0*	*30,213*	*30,213*	*100 0%*
2020 SC101 - Mercy Medical Ctr - St	*0*	*300,073*	*300,073*	*100 0%*
2020 TC600 - TSLC Corporate Office	*178,000*	*28,000*	*(150,000)*	*(535 7%)*
2020 - IC Accounts payable	3,274,680	3,731,826	457,146	12 2%
2011 AA101 - Central Services	*41*		*(41)*	
2011 AA102 - St Joseph Mercy Hosp	*19,182*		*(19,182)*	
2011 AA103 - Saint Joseph Mercy Li	*8,508*		*(8,508)*	
2011 AA106 - St Mary Mercy Hospit	*1,615*		*(1,615)*	
2011 CL101 - Mercy Medical Center	*6,109*		*(6,109)*	

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
2011 DU101 - Mercy Medical Center	*19,390*		*(19,390)*	
2011 DU102 - Mercy Medical Ctr - D	*221*		*(221)*	
2011 IN201 - Saint Joseph's RMC In	*105*		*(105)*	
2011 IN202 - Saint Joseph's RMC - S	*71,092*		*(71,092)*	
2011 IN203 - Saint Joseph's RMC - I	*14,035*		*(14,035)*	
2011 MD140 - Holy Cross Hospital	*16,177*		*(16,177)*	
2011 MU101 - Mercy General Health	*39,790*		*(39,790)*	
2011 MU102 - Hackley Hospital	*80*		*(80)*	
2011 MU103 - Hackley Lakeshore H	*28*		*(28)*	
2011 MU636 - Hackley Life Counseli	*506*		*(506)*	
2011 OA101 - St Joseph Mercy Hos	*50,857*	*0*	*(50,857)*	
2011 PH101 - Mercy Hospital - Port	*49,426*	*40*	*(49,386)*	*(123,465 2%)*
2011 PH450 - Port Huron Family Ca	*613*		*(613)*	
2011 - IC A/P UAPO vendor payments	297,773	40	(297,733)	(744,333 5%)
2012 OA401 - Michigan Physician Se	*0*	*101,135*	*101,135*	*100 0%*
2012 - Hold for UAPO II	0	101,135	101,135	100 0%
2013 GL - GL Org for PS I/C activity	*306*		*(306)*	
2013 - IC A/P SCM manual process	306		(306)	
Accounts payable, IC	**3,572,760**	**3,833,001**	**260,241**	**6.8%**
Accounts payable	**48,119,284**	**46,816,838**	**(1,302,446)**	**(2.8%)**
2008 - Accrued restructuring charges	2,063,138	2,198,984	135,845	6 2%
2520 - Accrued interest pay external	8,851,540	8,899,118	47,578	0 5%
Accrued interest payable	**8,851,540**	**8,899,118**	**47,578**	**0.5%**
2265 - Accrued taxes payable	(5,806)	2,992	8,798	294 0%
2270 - Cur defer rev and other cred	189,633	150,133	(39,500)	(26 3%)
2279 - ST Lease obligation liability	317,017	360,595	43,578	12 1%
2285 - Other current liabilities	62,636,200	2,406,260	(60,229,939)	(2,503 1%)
2286 - Other current liabilities II	17,448,831	11,928,924	(5,519,907)	(46 3%)
Accrued expenses	**91,500,553**	**25,947,006**	**(65,553,547)**	**(252.6%)**
Accts payable & accrd expense	**139,619,837**	**72,763,844**	**(66,855,993)**	**(91.9%)**
2100 - Accrued payroll	6,266,886	13,501,231	7,234,345	53 6%
2102 - Accrued vacation,holiday,sick	16,153,801	12,453,377	(3,700,424)	(29 7%)
2104 - Other accr bonuses and comp	14,716,383	12,467,166	(2,249,216)	(18 0%)
2106 - Fedl inc tax withholdings pay	1,382,836	0	(1,382,836)	
2108 - State inc tax withholdings pay	386,254	0	(386,254)	
2110 - Local tax withholdings payable	49,225	0	(49,225)	
2112 - Other tax withholdings payable	1,633	1,294	(339)	(26 2%)
2114 - Accrued FICA taxes payable	1,103,129	0	(1,103,129)	
2116 - Health insurance payable	(2)	190	192	100 9%
2117 - IBNR health insurance reserve	1,426,335	1,816,752	390,417	21 5%
2118 - Life insurance payable	0	(26)	(26)	(100 0%)
2446 - Accrued 403b employer match	1,543,160		(1,543,160)	
2134 - Medical reimburse withholding	130,968	48,719	(82,248)	(168 8%)
2136 - Dependant care reim withhold	97,256	86,419	(10,837)	(12 5%)
2140 - Employee savings plan withhol	736,679	1,721	(734,957)	(42,699 3%)
2144 - United Way withholding	1,919	(919)	(2,838)	(308 8%)
2146 - Other payroll withholding liab	10,140	(14,823)	(24,963)	(168 4%)
Salaries, wages & related liab	**44,006,602**	**40,361,103**	**(3,645,499)**	**(9.0%)**
2195 - Security lending obligation	**118,876,615**	**130,913,425**	**12,036,810**	**9.2%**
2208 - Other 3rd party liabilities	260,111	344,455	84,345	24 5%
Estimated pay to 3rd parties	**260,111**	**344,455**	**84,345**	**24.5%**
Current liabilities	**1,547,276,535**	**1,584,059,206**	**36,782,670**	**2.3%**

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
Long Term Liabilities:				
2722 - LT Hosp revenue bond fixed ex	1,485,720,000	1,376,215,000	(109,505,000)	(8 0%)
2770 - LT Unamortized disc/prem ext	2,644,135	(9,116,059)	(11,760,194)	(129 0%)
Long-term external debt	**1,488,364,135**	**1,367,098,941**	**(121,265,194)**	**(8.9%)**
LT Debt,net of current portion	**1,488,364,135**	**1,367,098,941**	**(121,265,194)**	**(8.9%)**
2440 - Accrued professional liability	138,589,029	140,457,306	1,868,277	1 3%
Professional liability	138,589,029	140,457,306	1,868,277	1 3%
2441 - Accrued workers compensatior	34,436,956	29,540,682	(4,896,274)	(16 6%)
Prof liab and work comp liab	173,025,985	169,997,988	(3,027,997)	(1 8%)
2442 - Accrued benefit plan liability	4,058,414	6,550,731	2,492,318	38 0%
2445 - Accrued other self-insurance	79,422	101,993	22,571	22 1%
Self-insurance reserves	**177,163,821**	**176,650,713**	**(513,109)**	**(0.3%)**
2443 - Accrued pension	314,456,492	615,891,140	301,434,648	48 9%
2447 - Accrued non-qualified pension	0	0	0	(100 0%)
2444 - Accrued post retirement	20,525,794	25,524,824	4,999,030	19 6%
Acrd pension & ret health cost	**334,982,286**	**641,415,963**	**306,433,678**	**47.8%**
2405 - Deferred compensation LT	6,818,939	7,326,383	507,445	6 9%
2406 - Deferred comp Corp 457/451 li	9,632,533	7,272,092	(2,360,441)	(32 5%)
2429 - LT Asset retirement obligation	1,372,023	1,303,558	(68,465)	(5 3%)
2432 - LT Lease obligation liability	733,890	1,261,989	528,099	41 8%
2428 - LT FMV derivatives liability	107,389,134	126,757,817	19,368,683	15 3%
2430 - Other long term liabilities	53,372,532	48,975,035	(4,397,496)	(9 0%)
2431 AA101 - Central Services	*52,134,605*	*51,145,367*	*(989,238)*	*(1 9%)*
2431 AA106 - St Mary Mercy Hospit	*9,230,875*	*9,744,518*	*513,643*	*5 3%*
2431 BC101 - Battle Creek Hospital	*10,192,570*	*11,453,698*	*1,261,127*	*11 0%*
2431 CA401 - Saint Agnes Medical C	*22,815,468*	*22,601,748*	*(213,720)*	*(0 9%)*
2431 CL101 - Mercy Medical Center	*4,881,425*	*5,316,629*	*435,203*	*8 2%*
2431 DU101 - Mercy Medical Center	*6,878,323*	*7,397,823*	*519,500*	*7 0%*
2431 GR101 - St Mary's Health Care	*20,219,577*	*19,524,911*	*(694,666)*	*(3 6%)*
2431 HH301 - Home Care Corporate	*1,774,558*	*1,455,281*	*(319,277)*	*(21 9%)*
2431 ID101 - Saint Alphonsus Regio	*23,508,162*	*23,291,969*	*(216,193)*	*(0 9%)*
2431 IN201 - Saint Joseph's RMC In	*15,734,114*	*17,390,216*	*1,656,101*	*9 5%*
2431 MC101 - Mercy Medical Center	*15,507,580*	*15,209,639*	*(297,941)*	*(2 0%)*
2431 MD140 - Holy Cross Hospital	*17,882,713*	*18,898,670*	*1,015,957*	*5 4%*
2431 MU101 - Mercy General Health	*24,000,624*	*20,526,994*	*(3,473,630)*	*(16 9%)*
2431 NO101 - Mercy Hospital - Cadi	*133,544*	*59,959*	*(73,585)*	*(122 7%)*
2431 NO102 - Mercy Hospital - Gray	*122,090*	*46,104*	*(75,986)*	*(164 8%)*
2431 OA101 - St Joseph Mercy Hos	*19,224,292*	*19,958,775*	*734,483*	*3 7%*
2431 OH1HS - MCHS Corporate Dep	*51,789,687*	*52,301,831*	*512,145*	*1 0%*
2431 PH101 - Mercy Hospital - Port	*5,085,047*	*5,324,587*	*239,539*	*4 5%*
2431 SC101 - Mercy Medical Ctr - St	*11,791,379*	*12,283,492*	*492,113*	*4 0%*
2431 TC600 - TSLC Corporate Office	*3,131,331*	*1,491,566*	*(1,639,766)*	*(109 9%)*
2431 - IC Other LT liabilities	316,037,965	315,423,775	(614,190)	(0 2%)
Other long-term liabilities	**495,357,015**	**508,320,649**	**12,963,634**	**2.6%**
Long term liabilities	**2,495,867,257**	**2,693,486,266**	**197,619,009**	**7.3%**
Liabilities	**4,043,143,792**	**4,277,545,471**	**234,401,679**	**5.5%**
NET ASSETS:				
Controlling Interest Net Assets:				
2800 - Unrestricted net assets BB	4,024,559,251	3,808,608,290	(215,950,961)	(5 7%)
2801 - Unrestricted NA - BB unrl g/l	197,410,469	139,567,771	(57,842,698)	(41 4%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
Unrestricted NA - BB unrl g/l, total	197,410,469	139,567,771	(57,842,698)	(41 4%)
Non-prof net assets beg bal	4,221,969,720	3,948,176,061	(273,793,659)	(6 9%)
Unrestrict net assets beg bal	**4,221,969,720**	**3,948,176,061**	**(273,793,659)**	**(6.9%)**
UNREST_NA_REVOVEREXP - Unres	676,332,775	427,382,296	(248,950,480)	(58 3%)
UNREST_NA_UNRLGLOB SUMMA	*5,109,237*	*2,936,525*	*(2,172,712)*	*(74 0%)*
UNREST_NA_UNRLGLOB - Chg in u	5,109,237	2,936,525	(2,172,712)	(74 0%)
Change unrl g/l on mkt sec	**5,109,237**	**2,936,525**	**(2,172,712)**	**(74.0%)**
2821 - Def ret items reclassed to ex	67,724,535	52,009,544	(15,714,991)	(30 2%)
2822 - Def ret items arising dur year	135,211,897	(258,220,753)	(393,432,650)	(152 4%)
UNREST_NA_DEF_RET - Chg in def	202,936,432	(206,211,209)	(409,147,641)	(198 4%)
2810 GL - GL Org for PS I/C activit	*(307,622)*	*(277,200)*	*30,422*	*11 0%*
2810 AA102 - St Joseph Mercy Ho	*21,234,561*	*8,528,550*	*(12,706,011)*	*(149 0%)*
2810 AA105 - Chelsea Community	*(17,413)*	*(793,583)*	*(776,170)*	*(97 8%)*
2810 AA106 - St Mary Mercy Hosp	*3,369,380*	*2,326,594*	*(1,042,786)*	*(44 8%)*
2810 AA652 - Continuing Mission	*(2,000,000)*	*(1,000,000)*	*1,000,000*	*100 0%*
2810 BC101 - Battle Creek Hospita	*897,000*	*635,540*	*(261,460)*	*(41 1%)*
2810 CA401 - Saint Agnes Medica	*8,981,046*	*2,595,748*	*(6,385,298)*	*(246 0%)*
2810 CL101 - Mercy Medical Cente	*1,987,165*	*812,156*	*(1,175,009)*	*(144 7%)*
2810 DU101 - Mercy Medical Cent	*4,126,550*	*1,180,230*	*(2,946,320)*	*(249 6%)*
2810 GR101 - St Mary's Health Ca	*7,795,709*	*4,103,135*	*(3,692,575)*	*(90 0%)*
2810 HH301 - Home Care Corpora	*1,255,002*	*310,043*	*(944,959)*	*(304 8%)*
2810 ID601 - St Alphonsus Health		*(113,721,266)*	*(113,721,266)*	*(100 0%)*
2810 ID101 - Saint Alphonsus Reg	*44,113,000*	*3,436,743*	*(40,676,257)*	*(1,183 6%)*
2810 ID110 - SAMC - Nampa		*1,200,000*	*1,200,000*	*100 0%*
2810 ID112 - SAMC - Ontario		*20,400,000*	*20,400,000*	*100 0%*
2810 ID114 - SAMC - Baker City		*4,800,000*	*4,800,000*	*100 0%*
2810 IN201 - Saint Joseph's RMC	*6,233,000*	*2,579,000*	*(3,654,000)*	*(141 7%)*
2810 IR701 - Venzke Insurance Co		*950,000*	*950,000*	*100 0%*
2810 MC101 - Mercy Medical Cent	*7,291,265*	*2,274,452*	*(5,016,813)*	*(220 6%)*
2810 MC102 - Mercy Medical Ctr-M		*(3,048)*	*(3,048)*	*(100 0%)*
2810 MD140 - Holy Cross Hospital	*10,044,000*	*3,612,006*	*(6,431,994)*	*(178 1%)*
2810 MU101 - Mercy General Hea	*5,313,909*	*2,135,010*	*(3,178,899)*	*(148 9%)*
2810 MU102 - Hackley Hospital		*(18,000,000)*	*(18,000,000)*	*(100 0%)*
2810 NO101 - Mercy Hospital - Ca	*1,733,979*	*353,150*	*(1,380,829)*	*(391 0%)*
2810 NO102 - Mercy Hospital - Gra	*1,145,000*	*129,114*	*(1,015,886)*	*(786 8%)*
2810 OA101 - St Joseph Mercy Ho	*9,361,486*	*4,554,235*	*(4,807,252)*	*(105 6%)*
2810 OH1HS - MCHS Corporate D	*21,108,931*	*8,605,113*	*(12,503,818)*	*(145 3%)*
2810 PH101 - Mercy Hospital - Por	*1,710,066*	*242,361*	*(1,467,705)*	*(605 6%)*
2810 SC101 - Mercy Medical Ctr -	*4,011,082*	*1,994,427*	*(2,016,655)*	*(101 1%)*
2810 TC600 - TSLC Corporate Offi	*2,750,432*	*938,061*	*(1,812,372)*	*(193 2%)*
2810 - IC Unrest equity transfers	162,137,529	(55,099,429)	(217,236,959)	(394 3%)
UNREST_NA_TRANS - Transfers (to)	162,137,529	(55,099,429)	(217,236,959)	(394 3%)
2835 - Other transactions -unrest NA	(148,671,575)	98,072,751	246,744,326	251 6%
2833 - Income/loss from discontinued	4,836,210	6,712,726	1,876,516	28 0%
2834 - Gain/loss on disposal discontin	(1,648,408)	0	1,648,408	470,973,734 3%
2831 - Cumulative effect - unrest NA	(7,823,151)		7,823,151	
Non-profit NA activity	893,209,049	273,793,659	(619,415,390)	(226 2%)
Unrestricted NA activity	**893,209,049**	**273,793,659**	**(619,415,390)**	**(226.2%)**
Unrest net assets, Control int	**5,115,178,770**	**4,221,969,720**	**(893,209,049)**	**(21.2%)**
2850 - Temp restricted net assets BB	83,197	82,780	(417)	(0 5%)
Temp restrict NA beg bal	**83,197**	**82,780**	**(417)**	**(0.5%)**
2851 - Temp rest donation, gift & beq	4,035		(4,035)	
Temp restricted contributions	**4,035**		**(4,035)**	
2881 - IC Treas mgmt fees - temp rest	442	417	(25)	(6 1%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
Invest inc - temp restricted	442	417	(25)	(6.1%)
Temp restrict NA, Control int	87,674	83,197	(4,477)	(5.4%)
Restricted NA, Control int	87,674	83,197	(4,477)	(5.4%)
Net assets, Control interest	5,115,266,444	4,222,052,917	(893,213,527)	(21.2%)
Non-controlling Interest Net Assets:				
Net assets, Total	5,115,266,444	4,222,052,917	(893,213,527)	(21.2%)
Balance sheet plug	0	0	0	44 0%
Liabilities & net assets	9,158,410,236	8,499,598,389	(658,811,847)	(7.8%)
Total Net Assets (Reporting Captions)				
Tot Unrest NA beg bal	4,221,969,720	3,948,176,061	(273,793,659)	(6.9%)
Tot Unrest NA revenue over exp	676,332,775	427,382,296	(248,950,480)	(58.3%)
Tot Chg unrl g/l unrst mktsec	5,109,237	2,936,525	(2,172,712)	(74.0%)
Tot Def ret reclassed to exp	67,724,535	52,009,544	(15,714,991)	(30.2%)
Tot Def ret arising dur year	135,211,897	(258,220,753)	(393,432,650)	(152.4%)
Tot Chg in def retiremnt cost	202,936,432	(206,211,209)	(409,147,641)	(198.4%)
Tot Unrest eq transfers - ext	162,137,529	(55,099,429)	(217,236,959)	(394.3%)
Tot Other trans - unrest NA	(148,671,575)	98,072,751	246,744,326	251.6%
Tot Inc/loss from disc ops	4,836,210	6,712,726	1,876,516	28.0%
Tot Gain/loss disposal discop	(1,648,408)	0	1,648,408	470,973,734.3%
Tot Cum effect - unrest NA	(7,823,151)		7,823,151	
Tot Unrest NA activity	893,209,049	273,793,659	(619,415,390)	(226.2%)
Tot Unrest NA, CI and NCI	5,115,178,770	4,221,969,720	(893,209,049)	(21.2%)
Tot Temp restrict NA beg bal	83,197	82,780	(417)	(0.5%)
Tot Temp restr contributions	4,035		(4,035)	
Tot Invest inc - temp restr	442	417	(25)	(6.1%)
Tot Temp restr NA, CI and NCI	87,674	83,197	(4,477)	(5.4%)
Tot Restricted NA, CI and NCI	87,674	83,197	(4,477)	(5.4%)
Tot Net assets, CI and NCI	5,115,266,444	4,222,052,917	(893,213,527)	(21.2%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
REVENUE				
4173 - Other - contract allow	(3,270)	(1,410,269)	(1,406,999)	(99 8%)
Other contractual allowance	(3,270)	(1,410,269)	(1,406,999)	(99 8%)
Contractual allowance	**(3,270)**	**(1,410,269)**	**(1,406,999)**	**(99.8%)**
Total allowances	**(3,270)**	**(1,410,269)**	**(1,406,999)**	**(99.8%)**
Net patient service revenue	**3,270**	**1,410,269**	**(1,406,999)**	**(99.8%)**
3908 - OP Inv inc tst dbt int div CMP	0	3,090	(3,090)	(100 0%)
3909 - OP Inv inc oth dbt int div CMP	346,806	215,951	130,855	60 6%
Op invest inc - debt	346,806	219,041	127,765	58 3%
3950 AA102 - St Joseph Mercy Hospital	*10,381,767*	*10,721,542*	*(339,775)*	*(3 2%)*
3950 AA103 - Saint Joseph Mercy Livings	*1,006,975*	*1,039,935*	*(32,960)*	*(3 2%)*
3950 AA104 - Saint Joseph Mercy Saline	*170,853*	*176,443*	*(5,590)*	*(3 2%)*
3950 AA105 - Chelsea Community Hospit	*1,550,776*	*1,601,529*	*(50,753)*	*(3 2%)*
3950 AA106 - St Mary Mercy Hospital	*3,075,945*	*3,176,610*	*(100,665)*	*(3 2%)*
3950 BC101 - Battle Creek Hospital Only	*2,441,896*	*2,521,815*	*(79,919)*	*(3 2%)*
3950 CA401 - Saint Agnes Medical Center	*4,085,955*	*4,219,678*	*(133,723)*	*(3 2%)*
3950 CA403 - Professional Office Corpora	*121,909*	*125,899*	*(3,990)*	*(3 2%)*
3950 CL101 - Mercy Medical Center - Clin	*744,995*	*769,377*	*(24,382)*	*(3 2%)*
3950 DU101 - Mercy Medical Center - Dul	*968,292*	*999,981*	*(31,689)*	*(3 2%)*
3950 GR101 - St Mary's Health Care	*4,718,348*	*4,872,771*	*(154,423)*	*(3 2%)*
3950 HH301 - Home Care Corporate Offic	*23,410*	*6,890*	*16,520*	*239 8%*
3950 ID101 - Saint Alphonsus Regional M	*7,791,114*	*6,679,178*	*1,111,936*	*16 6%*
3950 ID110 - SAMC - Nampa	*45,169*	*8,044*	*37,125*	*461 5%*
3950 ID112 - SAMC - Ontario	*767,859*	*136,741*	*631,118*	*461 5%*
3950 ID114 - SAMC - Baker City	*263,482*	*46,922*	*216,560*	*461 5%*
3950 IN201 - Saint Joseph's RMC Inc	*0*	*9,614,122*	*(9,614,122)*	*(100 0%)*
3950 IN202 - Saint Joseph's RMC - SB Ca	*12,753,040*	*2,006,545*	*10,746,495*	*535 6%*
3950 IN203 - Saint Joseph's RMC - Plymc	*259,876*	*268,382*	*(8,506)*	*(3 2%)*
3950 LA601 - Michigan Cotenancy Lab	*112,138*	*115,364*	*(3,226)*	*(2 8%)*
3950 MC101 - Mercy Medical Center-Nort	*3,296,650*	*3,284,666*	*11,984*	*0 4%*
3950 MC102 - Mercy Medical Ctr-New Ha	*151,066*	*156,013*	*(4,947)*	*(3 2%)*
3950 MD140 - Holy Cross Hospital	*3,830,005*	*3,955,345*	*(125,340)*	*(3 2%)*
3950 MU101 - Mercy General Health Parti	*1,555,208*	*1,606,103*	*(50,895)*	*(3 2%)*
3950 MU102 - Hackley Hospital	*3,740,722*	*1,724,931*	*2,015,791*	*116 9%*
3950 MU640 - Hackley Health Systems, Ir		*911,241*	*(911,241)*	*(100 0%)*
3950 NO101 - Mercy Hospital - Cadillac	*775,722*	*380,786*	*394,936*	*103 7%*
3950 NO102 - Mercy Hospital - Grayling H	*1,036,466*	*990,839*	*45,627*	*4 6%*
3950 OA101 - St Joseph Mercy Hospital	*3,942,003*	*4,071,014*	*(129,011)*	*(3 2%)*
3950 OH1HS - MCHS Corporate Departm	*14,553,686*	*14,437,126*	*116,560*	*0 8%*
3950 PH101 - Mercy Hospital - Port Huron	*1,246,080*	*1,286,864*	*(40,784)*	*(3 2%)*
3950 SC101 - Mercy Medical Ctr - Sioux C	*3,147,479*	*3,250,486*	*(103,007)*	*(3 2%)*
3950 TC600 - TSLC Corporate Office	*3,693,506*	*3,602,118*	*91,388*	*2 5%*
3950 - IC OP Int Inc loans/notes	92,252,392	88,765,300	3,487,092	3 9%
IC Op invest inc	92,252,392	88,765,300	3,487,092	3 9%
Operating investment income	**92,599,198**	**88,984,342**	**3,614,857**	**4.1%**
3585 - Equity g/l in unconsol affil	**(12,630)**		**(12,630)**	
3526 - Gain on sale, divestitures	2,293,495		2,293,495	
3535 - Management revenue	1,289,523	1,018,248	271,274	26 6%
3590 - Other operating revenue	15,792,012	14,724,305	1,067,707	7 3%
3591 AA101 - Central Services	*11,342,334*	*10,447,179*	*895,155*	*8 6%*
3591 AA102 - St Joseph Mercy Hospital		*1,517,041*	*(1,517,041)*	*(100 0%)*
3591 AA106 - St Mary Mercy Hospital	*2,567,395*	*3,229,974*	*(662,580)*	*(20 5%)*
3591 BC101 - Battle Creek Hospital Only	*2,945,262*	*3,656,419*	*(711,157)*	*(19 4%)*
3591 CA401 - Saint Agnes Medical Center	*3,880,560*	*4,455,975*	*(575,415)*	*(12 9%)*
3591 CL101 - Mercy Medical Center - Clin	*1,345,631*	*1,611,704*	*(266,072)*	*(16 5%)*

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3591 DU101 - Mercy Medical Center - Dul	1,874,360	2,264,073	(389,713)	(17 2%)
3591 GR101 - St Mary's Health Care	5,348,990	6,376,138	(1,027,148)	(16 1%)
3591 HH301 - Home Care Corporate Offic	316,771	319,142	(2,371)	(0 7%)
3591 ID101 - Saint Alphonsus Regional M	4,706,291	4,696,154	10,137	0 2%
3591 IN201 - Saint Joseph's RMC Inc	4,418,633	5,064,697	(646,063)	(12 8%)
3591 MC101 - Mercy Medical Center-Nort	3,917,671	4,686,859	(769,188)	(16 4%)
3591 MD140 - Holy Cross Hospital	4,563,277	5,188,802	(625,525)	(12 1%)
3591 MU101 - Mercy General Health Parti	4,590,094	4,933,317	(343,223)	(7 0%)
3591 NO101 - Mercy Hospital - Cadillac	15,206	8,368	6,837	81 7%
3591 NO102 - Mercy Hospital - Grayling H	13,654	8,844	4,811	54 4%
3591 OA101 - St Joseph Mercy Hospital	5,031,371	5,990,225	(958,854)	(16 0%)
3591 OH1HS - MCHS Corporate Departm	8,824,006	10,788,818	(1,964,812)	(18 2%)
3591 PH101 - Mercy Hospital - Port Huron	1,406,407	1,709,807	(303,400)	(17 7%)
3591 SC101 - Mercy Medical Ctr - Sioux C	3,169,421	3,774,604	(605,184)	(16 0%)
3591 TC600 - TSLC Corporate Office	417,058	485,845	(68,787)	(14 2%)
3591 - IC Other revenue I	70,694,393	81,213,985	(10,519,592)	(13 0%)
3592 AA102 - St Joseph Mercy Hospital	13,553,443	8,458,125	5,095,318	60 2%
3592 AA105 - Chelsea Community Hospit	(3,369)	(4,510)	1,141	25 3%
3592 AA106 - St Mary Mercy Hospital	(33,481)	3,871,709	(3,905,190)	(100 9%)
3592 BC101 - Battle Creek Hospital Only	2,455,218	1,908,562	546,656	28 6%
3592 CA401 - Saint Agnes Medical Center	4,486,003	3,572,399	913,604	25 6%
3592 CL101 - Mercy Medical Center - Clin	839,088	776,272	62,816	8 1%
3592 DU101 - Mercy Medical Center - Dul	1,205,702	837,596	368,106	43 9%
3592 GR101 - St Mary's Health Care	4,631,857	3,037,571	1,594,286	52 5%
3592 GR402 - Advantage Health-St Marys	451,924		451,924	
3592 HH301 - Home Care Corporate Offic	438,246	360,232	78,014	21 7%
3592 ID101 - Saint Alphonsus Regional M	4,107,339	3,093,695	1,013,645	32 8%
3592 ID110 - SAMC - Nampa	1,100,830	202,886	897,944	442 6%
3592 ID112 - SAMC - Ontario	593,060	134,892	458,168	339 7%
3592 ID114 - SAMC - Baker City	496,296	138,211	358,085	259 1%
3592 IN201 - Saint Joseph's RMC Inc	2,931,810	3,266,157	(334,347)	(10 2%)
3592 LA601 - Michigan Cotenancy Lab	47,545	80,819	(33,274)	(41 2%)
3592 MC101 - Mercy Medical Center-Nort	3,713,314	3,670,097	43,217	1 2%
3592 MC102 - Mercy Medical Ctr-New Ha	(5,509)	27,816	(33,325)	(119 8%)
3592 MD140 - Holy Cross Hospital	3,597,622	4,069,815	(472,194)	(11 6%)
3592 MU101 - Mercy General Health Parti	3,719,982	4,502,036	(782,055)	(17 4%)
3592 NO101 - Mercy Hospital - Cadillac	804,548	792,291	12,257	1 5%
3592 NO102 - Mercy Hospital - Grayling H	752,687	800,701	(48,014)	(6 0%)
3592 OA101 - St Joseph Mercy Hospital	3,805,903	1,376,125	2,429,778	176 6%
3592 OH1HS - MCHS Corporate Departm	13,603,380	14,690,098	(1,086,718)	(7 4%)
3592 PH101 - Mercy Hospital - Port Huron	1,185,349	846,924	338,425	40 0%
3592 SC101 - Mercy Medical Ctr - Sioux C	2,445,897	1,996,862	449,035	22 5%
3592 TC600 - TSLC Corporate Office	1,707,131	1,700,002	7,129	0 4%
3592 - IC Insurance allocation rev	72,631,814	64,207,384	8,424,430	13 1%
3593 AA101 - Central Services	496,970	558,463	(61,493)	(11 0%)
3593 AA102 - St Joseph Mercy Hospital	9,892,593	5,982,213	3,910,380	65 4%
3593 AA106 - St Mary Mercy Hospital	2,094,937	1,990,148	104,789	5 3%
3593 BC101 - Battle Creek Hospital Only	2,104,407	2,350,936	(246,529)	(10 5%)
3593 CA401 - Saint Agnes Medical Center	4,747,753	4,155,670	592,083	14 2%
3593 CL101 - Mercy Medical Center - Clin	906,147	642,480	263,667	41 0%
3593 DU101 - Mercy Medical Center - Dul	1,435,060	1,665,004	(229,944)	(13 8%)
3593 GR101 - St Mary's Health Care	3,441,132	3,249,963	191,169	5 9%
3593 HH301 - Home Care Corporate Offic	28,039	126,451	(98,412)	(77 8%)
3593 ID101 - Saint Alphonsus Regional M	3,927,515	3,644,634	282,881	7 8%
3593 ID110 - SAMC - Nampa	1,190,095	486,039	704,057	144 9%

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3593 ID112 - SAMC - Ontario	788,018	270,145	517,873	191 7%
3593 ID114 - SAMC - Baker City	360,012	90,515	269,498	297 7%
3593 IN201 - Saint Joseph's RMC Inc	2,760,419	3,788,709	(1,028,289)	(27 1%)
3593 LA601 - Michigan Cotenancy Lab	9,450	2,550	6,900	270 6%
3593 MC101 - Mercy Medical Center-Nort	3,416,594	3,334,841	81,752	2 5%
3593 MC102 - Mercy Medical Ctr-New Ha	106,794	105,384	1,410	1 3%
3593 MD140 - Holy Cross Hospital	3,091,381	2,934,878	156,503	5 3%
3593 MU101 - Mercy General Health Parti	3,000,843	2,781,307	219,535	7 9%
3593 MU102 - Hackley Hospital	2,603,868	1,979,666	624,202	31 5%
3593 MU103 - Hackley Lakeshore Hospita	141,950		141,950	
3593 NO101 - Mercy Hospital - Cadillac	5,389	0	5,389	
3593 OA101 - St Joseph Mercy Hospital	3,102,246	3,422,315	(320,069)	(9 4%)
3593 OH1HS - MCHS Corporate Departm	9,420,168	9,158,239	261,929	2 9%
3593 PH101 - Mercy Hospital - Port Huron	1,153,198	1,127,371	25,827	2 3%
3593 SC101 - Mercy Medical Ctr - Sioux C	2,045,928	2,049,957	(4,029)	(0 2%)
3593 TC600 - TSLC Corporate Office	52,585	14,129	38,456	272 2%
3593 - IC Implementation rev	62,323,490	55,912,007	6,411,484	11 5%
3594 AA102 - St Joseph Mercy Hospital	5,100,538	4,478,613	621,925	13 9%
3594 AA105 - Chelsea Community Hospit	894,666	835,391	59,275	7 1%
3594 AA106 - St Mary Mercy Hospital	1,351,003	1,343,874	7,129	0 5%
3594 AA652 - Continuing Mission	57,813	62,766	(4,953)	(7 9%)
3594 BC101 - Battle Creek Hospital Only	1,334,404	1,782,449	(448,046)	(25 1%)
3594 CA401 - Saint Agnes Medical Center	2,934,413	2,337,407	597,006	25 5%
3594 CL101 - Mercy Medical Center - Clin	992,612	1,002,330	(9,719)	(1 0%)
3594 DU101 - Mercy Medical Center - Dul	1,028,085	1,027,403	682	0 1%
3594 GR101 - St Mary's Health Care	2,804,035	2,687,613	116,422	4 3%
3594 HH301 - Home Care Corporate Offic	413,391	429,678	(16,287)	(3 8%)
3594 ID101 - Saint Alphonsus Regional M	4,947,612	2,138,273	2,809,339	131 4%
3594 IN201 - Saint Joseph's RMC Inc	1,514,787	1,141,852	372,934	32 7%
3594 MC101 - Mercy Medical Center-Nort	1,989,339	2,123,238	(133,899)	(6 3%)
3594 MD140 - Holy Cross Hospital	2,136,348	2,440,277	(303,929)	(12 5%)
3594 MU101 - Mercy General Health Parti	2,245,658	2,069,556	176,102	8 5%
3594 NO101 - Mercy Hospital - Cadillac	843,824	640,626	203,198	31 7%
3594 NO102 - Mercy Hospital - Grayling H	662,648	609,471	53,177	8 7%
3594 OA101 - St Joseph Mercy Hospital	2,290,286	2,072,608	217,677	10 5%
3594 OH1HS - MCHS Corporate Departm	4,047,327	3,728,630	318,697	8 5%
3594 PH101 - Mercy Hospital - Port Huron	979,629	764,809	214,820	28 1%
3594 SC101 - Mercy Medical Ctr - Sioux C	1,710,304	1,719,954	(9,650)	(0 6%)
3594 TC600 - TSLC Corporate Office	1,235,219	1,282,772	(47,553)	(3 7%)
3594 - IC Home Off exec comp payroll	41,513,940	36,719,591	4,794,349	13 1%
3595 AA102 - St Joseph Mercy Hospital	1,256,951	1,090,250	166,701	15 3%
3595 AA105 - Chelsea Community Hospit	243,780	239,424	4,356	1 8%
3595 AA106 - St Mary Mercy Hospital	355,838	337,478	18,361	5 4%
3595 AA652 - Continuing Mission	15,056	17,457	(2,402)	(13 8%)
3595 BC101 - Battle Creek Hospital Only	353,475	480,120	(126,645)	(26 4%)
3595 CA401 - Saint Agnes Medical Center	736,908	479,762	257,147	53 6%
3595 CL101 - Mercy Medical Center - Clin	301,743	300,761	982	0 3%
3595 DU101 - Mercy Medical Center - Dul	267,461	266,955	506	0 2%
3595 GR101 - St Mary's Health Care	658,653	765,413	(106,760)	(13 9%)
3595 HH301 - Home Care Corporate Offic	117,830	127,023	(9,193)	(7 2%)
3595 ID101 - Saint Alphonsus Regional M	1,392,227	727,000	665,226	91 5%
3595 ID110 - SAMC - Nampa	49,348		49,348	
3595 ID114 - SAMC - Baker City	51,868		51,868	
3595 IN201 - Saint Joseph's RMC Inc	365,928	253,793	112,135	44 2%
3595 MC101 - Mercy Medical Center-Nort	503,235	518,042	(14,807)	(2 9%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3595 MD140 - Holy Cross Hospital	511,716	562,175	(50,459)	(9 0%)
3595 MU101 - Mercy General Health Parti	555,056	493,446	61,610	12 5%
3595 NO101 - Mercy Hospital - Cadillac	205,509	201,548	3,961	2 0%
3595 NO102 - Mercy Hospital - Grayling H	213,983	232,116	(18,134)	(7 8%)
3595 OA101 - St Joseph Mercy Hospital	572,742	510,193	62,549	12 3%
3595 OH1HS - MCHS Corporate Departm	936,111	879,729	56,382	6 4%
3595 PH101 - Mercy Hospital - Port Huron	266,567	235,983	30,584	13 0%
3595 SC101 - Mercy Medical Ctr - Sioux C	420,168	395,154	25,014	6 3%
3595 TC600 - TSLC Corporate Office	290,267	310,683	(20,416)	(6 6%)
3595 - IC Home Off exec comp frng ben	10,642,419	9,424,505	1,217,914	12 9%
3596 AA102 - St Joseph Mercy Hospital	1,332,149	1,475,591	(143,442)	(9 7%)
3596 BC101 - Battle Creek Hospital Only	59,209	144,623	(85,414)	(59 1%)
3596 CA401 - Saint Agnes Medical Center	428,229	335,656	92,573	27 6%
3596 CL101 - Mercy Medical Center - Clin	190,831	207,927	(17,096)	(8 2%)
3596 DU101 - Mercy Medical Center - Dul	322,741	147,242	175,499	119 2%
3596 GR101 - St Mary's Health Care	810,894	461,936	348,958	75 5%
3596 HH301 - Home Care Corporate Offic	100,065	110,518	(10,453)	(9 5%)
3596 ID101 - Saint Alphonsus Regional M	415,440	415,440	0	0 0%
3596 IN201 - Saint Joseph's RMC Inc	178,571	100,644	77,927	77 4%
3596 MC101 - Mercy Medical Center-Nort	332,036	562,968	(230,932)	(41 0%)
3596 MD140 - Holy Cross Hospital	550,000	418,956	131,044	31 3%
3596 MU101 - Mercy General Health Parti	498,010	767,998	(269,988)	(35 2%)
3596 NO101 - Mercy Hospital - Cadillac	249,671	152,774	96,897	63 4%
3596 NO102 - Mercy Hospital - Grayling H	145,424	32,222	113,202	351 3%
3596 OA101 - St Joseph Mercy Hospital	494,162	441,859	52,303	11 8%
3596 OH1HS - MCHS Corporate Departm	635,757	864,999	(229,242)	(26 5%)
3596 PH101 - Mercy Hospital - Port Huron	198,884	175,264	23,620	13 5%
3596 SC101 - Mercy Medical Ctr - Sioux C	271,565	268,268	3,297	1 2%
3596 TC600 - TSLC Corporate Office	146,328	130,202	16,126	12 4%
3596 - IC Home Off exec prl addl comp	7,359,966	7,215,087	144,879	2 0%
IC Other operating revenue	265,166,023	254,692,559	10,473,464	4 1%
3920 GL - GL Org for PS I/C activity	0	123,891	(123,891)	(100 0%)
3920 AA101 - Central Services	31,432,596	29,387,244	2,045,352	7 0%
3920 AA102 - St Joseph Mercy Hospital	11,690,395	8,127,246	3,563,149	43 8%
3920 AA106 - St Mary Mercy Hospital	8,224,069	10,122,887	(1,898,818)	(18 8%)
3920 AA652 - Continuing Mission		926	(926)	(100 0%)
3920 BC101 - Battle Creek Hospital Only	10,872,330	9,844,903	1,027,427	10 4%
3920 CA401 - Saint Agnes Medical Center	21,089,833	20,027,687	1,062,146	5 3%
3920 CL101 - Mercy Medical Center - Clin	4,475,851	4,048,738	427,113	10 5%
3920 DU101 - Mercy Medical Center - Dul	6,833,039	6,269,265	563,774	9 0%
3920 GR101 - St Mary's Health Care	19,366,800	17,306,272	2,060,529	11 9%
3920 HH301 - Home Care Corporate Offic	2,128,168	1,893,740	234,428	12 4%
3920 ID101 - Saint Alphonsus Regional M	23,485,260	22,753,460	731,800	3 2%
3920 ID110 - SAMC - Nampa	2,781,593	688,578	2,093,015	304 0%
3920 ID112 - SAMC - Ontario	1,701,593	405,448	1,296,145	319 7%
3920 ID114 - SAMC - Baker City	778,725	185,010	593,715	320 9%
3920 IN201 - Saint Joseph's RMC Inc	15,535,730	15,130,637	405,093	2 7%
3920 MC101 - Mercy Medical Center-Nort	16,476,896	15,502,277	974,619	6 3%
3920 MD140 - Holy Cross Hospital	21,574,568	20,351,953	1,222,615	6 0%
3920 MU101 - Mercy General Health Parti	24,010,704	18,992,891	5,017,813	26 4%
3920 MU102 - Hackley Hospital	1,800	2,279	(479)	(21 0%)
3920 NO101 - Mercy Hospital - Cadillac	946,643	705,052	241,592	34 3%
3920 NO102 - Mercy Hospital - Grayling H	1,007,881	771,851	236,030	30 6%
3920 OA101 - St Joseph Mercy Hospital	17,281,883	15,637,581	1,644,302	10 5%
3920 OH1HS - MCHS Corporate Departm	56,491,376	52,031,397	4,459,979	8 6%

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3920 PH101 - Mercy Hospital - Port Huron	4,139,521	4,101,248	38,273	0 9%
3920 SC101 - Mercy Medical Ctr - Sioux C	10,198,356	9,978,582	219,773	2 2%
3920 TC600 - TSLC Corporate Office	1,487,663	1,417,015	70,648	5 0%
3920 - IC Other alloc revenue	314,013,273	285,808,056	28,205,217	9 9%
3931 AA102 - St Joseph Mercy Hospital		3,600,000	(3,600,000)	(100 0%)
3931 AA106 - St Mary Mercy Hospital		1,000,000	(1,000,000)	(100 0%)
3931 BC101 - Battle Creek Hospital Only		1,000,000	(1,000,000)	(100 0%)
3931 CA401 - Saint Agnes Medical Center		2,000,000	(2,000,000)	(100 0%)
3931 CL101 - Mercy Medical Center - Clin		400,000	(400,000)	(100 0%)
3931 DU101 - Mercy Medical Center - Dub		600,000	(600,000)	(100 0%)
3931 GR101 - St Mary's Health Care		2,000,000	(2,000,000)	(100 0%)
3931 HH301 - Home Care Corporate Offic		100,000	(100,000)	(100 0%)
3931 ID101 - Saint Alphonsus Regional M		2,100,000	(2,100,000)	(100 0%)
3931 IN201 - Saint Joseph's RMC Inc		1,600,000	(1,600,000)	(100 0%)
3931 MC101 - Mercy Medical Center-Nort		1,500,000	(1,500,000)	(100 0%)
3931 MD140 - Holy Cross Hospital		1,700,000	(1,700,000)	(100 0%)
3931 MU101 - Mercy General Health Partn		2,200,000	(2,200,000)	(100 0%)
3931 NO101 - Mercy Hospital - Cadillac		300,000	(300,000)	(100 0%)
3931 NO102 - Mercy Hospital - Grayling H		300,000	(300,000)	(100 0%)
3931 OA101 - St Joseph Mercy Hospital		1,700,000	(1,700,000)	(100 0%)
3931 OH1HS - MCHS Corporate Departm		5,700,000	(5,700,000)	(100 0%)
3931 PH101 - Mercy Hospital - Port Huron		400,000	(400,000)	(100 0%)
3931 SC101 - Mercy Medical Ctr - Sioux C		1,000,000	(1,000,000)	(100 0%)
3931 TC600 - TSLC Corporate Office		200,000	(200,000)	(100 0%)
3931 - IC Ministry initiative revenue		29,400,000	(29,400,000)	(100 0%)
3932 AA102 - St Joseph Mercy Hospital	1,758,959	360,750	1,398,209	387 6%
3932 AA106 - St Mary Mercy Hospital		120,250	(120,250)	(100 0%)
3932 BC101 - Battle Creek Hospital Only	412,632	126,263	286,369	226 8%
3932 CA401 - Saint Agnes Medical Center	874,054	312,650	561,404	179 6%
3932 CL101 - Mercy Medical Center - Clin	175,581	66,140	109,441	165 5%
3932 DU101 - Mercy Medical Center - Dub	301,642	120,250	181,392	150 8%
3932 GR101 - St Mary's Health Care	771,260	222,461	548,799	246 7%
3932 HH301 - Home Care Corporate Offic	14,797	0	14,797	
3932 ID101 - Saint Alphonsus Regional M	818,878	240,498	578,380	240 5%
3932 IN201 - Saint Joseph's RMC Inc	731,627	391,131	340,496	87 1%
3932 MC101 - Mercy Medical Center-Nort	593,246	186,388	406,858	218 3%
3932 MD140 - Holy Cross Hospital	680,724	180,375	500,349	277 4%
3932 MU101 - Mercy General Health Partn	817,447	204,425	613,022	299 9%
3932 NO101 - Mercy Hospital - Cadillac	81,323		81,323	
3932 NO102 - Mercy Hospital - Grayling H	88,968		88,968	
3932 OA101 - St Joseph Mercy Hospital	824,556	615,320	209,236	34 0%
3932 OH1HS - MCHS Corporate Departm	2,294,273	631,313	1,662,960	263 4%
3932 PH101 - Mercy Hospital - Port Huron	160,962	60,125	100,837	167 7%
3932 SC101 - Mercy Medical Ctr - Sioux C	520,459	216,452	304,007	140 5%
3932 TC600 - TSLC Corporate Office	40,666	0	40,666	
3932 - IC Procurement revenue	11,962,054	4,054,791	7,907,263	195 0%
3933 AA101 - Central Services	22,167	25,085	(2,917)	(11 6%)
3933 AA102 - St Joseph Mercy Hospital	323,351	396,400	(73,049)	(18 4%)
3933 AA103 - Saint Joseph Mercy Livings	3,101	2,802	299	10 7%
3933 AA104 - Saint Joseph Mercy Saline	19,547	20,295	(748)	(3 7%)
3933 AA105 - Chelsea Community Hospit	66,786	28,922	37,864	130 9%
3933 AA106 - St Mary Mercy Hospital	90,887	83,580	7,307	8 7%
3933 AA606 - Medical Office Building	18,748	15,231	3,517	23 1%
3933 AA652 - Continuing Mission	2,635	1,951	684	35 1%
3933 BC101 - Battle Creek Hospital Only	157,741	141,609	16,132	11 4%

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3933 CA401 - Saint Agnes Medical Center	434,209	402,959	31,250	7 8%
3933 CA403 - Professional Office Corpora	25,062	22,224	2,838	12 8%
3933 CL101 - Mercy Medical Center - Clin	104,904	81,172	23,732	29 2%
3933 CL601 - Mercy Foundation - Clinton	3,731	3,385	346	10 2%
3933 DU101 - Mercy Medical Center - Dul	85,703	72,702	13,002	17 9%
3933 DU102 - Mercy Medical Ctr - Dyersv	436	1,147	(711)	(62 0%)
3933 GR101 - St Mary's Health Care	314,766	243,830	70,936	29 1%
3933 GR402 - Advantage Health-St Marys	7,668		7,668	
3933 GR601 - Michigan Athletic Club	120	123	(3)	(2 1%)
3933 GR602 - East Hills Athletic Club	215	194	21	10 9%
3933 GR631 - St Mary's Doran Foundatio	23,215	16,844	6,371	37 8%
3933 HH301 - Home Care Corporate Offic	34,624	25,587	9,037	35 3%
3933 ID101 - Saint Alphonsus Regional M	244,780	189,357	55,423	29 3%
3933 ID102 - Saint Alphonsus Diversified	79,074	62,536	16,538	26 4%
3933 ID110 - SAMC - Nampa	53,697	11,350	42,347	373 1%
3933 ID610 - SAMC Foundation - Nampa	517	75	441	585 0%
3933 ID112 - SAMC - Ontario	37,778	7,818	29,960	383 2%
3933 ID114 - SAMC - Baker City	8,428	1,244	7,183	577 2%
3933 IN201 - Saint Joseph's RMC Inc	18,972	25,042	(6,070)	(24 2%)
3933 IN202 - Saint Joseph's RMC - SB Ca	32,409	18,108	14,302	79 0%
3933 IN203 - Saint Joseph's RMC - Plymc	38,159	32,814	5,344	16 3%
3933 IN212 - Our Lady of Peace Hospital	5,993	4,288	1,705	39 8%
3933 IR701 - Venzke Insurance Company	207,863	195,737	12,126	6 2%
3933 LA601 - Michigan Cotenancy Lab	4,577	3,256	1,321	40 6%
3933 LA602 - Warde Medical Laboratory	1,392	1,056	337	31 9%
3933 MC101 - Mercy Medical Center-Nort	284,075	242,387	41,688	17 2%
3933 MC102 - Mercy Medical Ctr-New Ha	1,200	225	975	434 3%
3933 MC151 - Mercy Heart Ctr O/P Serv L	355	321	34	10 6%
3933 MC154 - Forest Park Imaging LLC	116	105	11	10 0%
3933 MC301 - Hospice of North Iowa	5,485	3,801	1,684	44 3%
3933 MD140 - Holy Cross Hospital	235,884	189,023	46,861	24 8%
3933 MD601 - Holy Cross Hospital Found	2,253	2,047	206	10 0%
3933 MU101 - Mercy General Health Partı	50,963	65,087	(14,124)	(21 7%)
3933 MU102 - Hackley Hospital	69,528	36,974	32,554	88 0%
3933 MU401 - West Shore Health Networl	17,403	7,390	10,013	135 5%
3933 NO101 - Mercy Hospital - Cadillac	74,968	48,806	26,162	53 6%
3933 NO102 - Mercy Hospital - Grayling H	22,086	14,865	7,221	48 6%
3933 OA101 - St Joseph Mercy Hospital	244,628	231,118	13,509	5 8%
3933 OH1FD - MCHS Foundation	88,464	0	88,464	
3933 OH1HS - MCHS Corporate Departm	707,353	638,381	68,972	10 8%
3933 PH101 - Mercy Hospital - Port Huron	32,123	33,071	(948)	(2 9%)
3933 SC101 - Mercy Medical Ctr - Sioux C	83,158	76,404	6,754	8 8%
3933 SC601 - Mercy Medical Ctr-Sioux Ci	8,601	6,952	1,649	23 7%
3933 TC600 - TSLC Corporate Office	71,463	54,194	17,269	31 9%
3933 - IC Treasury fee revenue	4,473,360	3,789,874	683,487	18 0%
3597 AA102 - St Joseph Mercy Hospital	(326,277)	(76,272)	(250,005)	(327 8%)
3597 AA106 - St Mary Mercy Hospital	(124,312)	352,885	(477,197)	(135 2%)
3597 BC101 - Battle Creek Hospital Only	(109,312)	1,240,187	(1,349,499)	(108 8%)
3597 CA401 - Saint Agnes Medical Center	(386,589)	(82,247)	(304,342)	(370 0%)
3597 CL101 - Mercy Medical Center - Clin	(39,377)	310,308	(349,685)	(112 7%)
3597 DU101 - Mercy Medical Center - Dul	12,390	90,771	(78,382)	(86 4%)
3597 GR101 - St Mary's Health Care	(138,351)	1,505,037	(1,643,388)	(109 2%)
3597 ID101 - Saint Alphonsus Regional M	(437,609)	(90,971)	(346,638)	(381 0%)
3597 IN201 - Saint Joseph's RMC Inc	(204,901)	(61,605)	(143,296)	(232 6%)
3597 MC101 - Mercy Medical Center-Nort	(63,069)	2,683,079	(2,746,148)	(102 4%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3597 MD140 - Holy Cross Hospital	*(308,733)*	*(92,951)*	*(215,782)*	*(232 1%)*
3597 MU101 - Mercy General Health Parti	*(203,777)*	*2,555,012*	*(2,758,789)*	*(108 0%)*
3597 NO101 - Mercy Hospital - Cadillac	*(25,888)*	*(13,585)*	*(12,303)*	*(90 6%)*
3597 NO102 - Mercy Hospital - Grayling H	*(27,427)*	*(13,585)*	*(13,842)*	*(101 9%)*
3597 OA101 - St Joseph Mercy Hospital	*(133,031)*	*1,278,836*	*(1,411,867)*	*(110 4%)*
3597 OH1HS - MCHS Corporate Departm	*(790,798)*	*(283,225)*	*(507,573)*	*(179 2%)*
3597 PH101 - Mercy Hospital - Port Huron	*(14,846)*	*43,135*	*(57,981)*	*(134 4%)*
3597 SC101 - Mercy Medical Ctr - Sioux C	*20,517*	*935,751*	*(915,234)*	*(97 8%)*
3597 - IC URO Revenue	(3,301,390)	10,280,560	(13,581,949)	(132 1%)
3598 AA102 - St Joseph Mercy Hospital	*1,856,000*		*1,856,000*	
3598 BC101 - Battle Creek Hospital Only	*1,181,000*		*1,181,000*	
3598 CL101 - Mercy Medical Center - Clin	*290,000*		*290,000*	
3598 DU101 - Mercy Medical Center - Dul	*400,000*		*400,000*	
3598 GR101 - St Mary's Health Care	*2,338,000*		*2,338,000*	
3598 IN201 - Saint Joseph's RMC Inc	*59,000*		*59,000*	
3598 MC101 - Mercy Medical Center-Nort	*5,005,000*		*5,005,000*	
3598 MU101 - Mercy General Health Parti	*3,344,000*		*3,344,000*	
3598 OA101 - St Joseph Mercy Hospital	*1,847,000*		*1,847,000*	
3598 PH101 - Mercy Hospital - Port Huron	*603,794*		*603,794*	
3598 SC101 - Mercy Medical Ctr - Sioux C	*1,750,000*		*1,750,000*	
3598 - IC URO PFS revenue	18,673,794		18,673,794	
3599 AA102 - St Joseph Mercy Hospital	*322,000*		*322,000*	
3599 BC101 - Battle Creek Hospital Only	*424,000*		*424,000*	
3599 CL101 - Mercy Medical Center - Clin	*182,000*		*182,000*	
3599 DU101 - Mercy Medical Center - Dul	*124,000*		*124,000*	
3599 GR101 - St Mary's Health Care	*515,000*		*515,000*	
3599 MC101 - Mercy Medical Center-Nort	*88,000*		*88,000*	
3599 MU101 - Mercy General Health Parti	*717,000*		*717,000*	
3599 OA101 - St Joseph Mercy Hospital	*459,000*		*459,000*	
3599 PH101 - Mercy Hospital - Port Huron	*188,000*		*188,000*	
3599 SC101 - Mercy Medical Ctr - Sioux C	*314,000*		*314,000*	
3599 - IC URO pat acc revenue	3,333,000		3,333,000	
3600 AA102 - St Joseph Mercy Hospital	*3,946,000*		*3,946,000*	
3600 BC101 - Battle Creek Hospital Only	*897,000*		*897,000*	
3600 CA401 - Saint Agnes Medical Center	*1,703,000*		*1,703,000*	
3600 CL101 - Mercy Medical Center - Clin	*438,000*		*438,000*	
3600 DU101 - Mercy Medical Center - Dul	*552,000*		*552,000*	
3600 GR101 - St Mary's Health Care	*1,364,000*		*1,364,000*	
3600 ID101 - Saint Alphonsus Regional M	*1,598,190*		*1,598,190*	
3600 ID110 - SAMC - Nampa	*627,867*		*627,867*	
3600 ID112 - SAMC - Ontario	*437,604*		*437,604*	
3600 ID114 - SAMC - Baker City	*200,337*		*200,337*	
3600 IN201 - Saint Joseph's RMC Inc	*1,198,000*		*1,198,000*	
3600 MC101 - Mercy Medical Center-Nort	*997,000*		*997,000*	
3600 MD140 - Holy Cross Hospital	*1,519,000*		*1,519,000*	
3600 MU101 - Mercy General Health Parti	*1,642,000*		*1,642,000*	
3600 NO101 - Mercy Hospital - Cadillac	*223,000*		*223,000*	
3600 NO102 - Mercy Hospital - Grayling H	*223,000*		*223,000*	
3600 OA101 - St Joseph Mercy Hospital	*1,368,000*		*1,368,000*	
3600 OH1HS - MCHS Corporate Departm	*3,465,000*		*3,465,000*	
3600 PH101 - Mercy Hospital - Port Huron	*392,000*		*392,000*	
3600 SC101 - Mercy Medical Ctr - Sioux C	*794,000*		*794,000*	
3600 - IC URO alloc hospital revenue	23,584,998		23,584,998	
3923 AA102 - St Joseph Mercy Hospital	*243,000*		*243,000*	
3923 BC101 - Battle Creek Hospital Only	*43,000*		*43,000*	

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3923 CA401 - Saint Agnes Medical Center	*15,000*		*15,000*	
3923 CL101 - Mercy Medical Center - Clin	*21,000*		*21,000*	
3923 DU101 - Mercy Medical Center - Dul	*15,000*		*15,000*	
3923 GR101 - St Mary's Health Care	*288,000*		*288,000*	
3923 ID101 - Saint Alphonsus Regional M	*385,000*		*385,000*	
3923 IN201 - Saint Joseph's RMC Inc	*155,000*		*155,000*	
3923 MC101 - Mercy Medical Center-Nort	*314,000*		*314,000*	
3923 MD140 - Holy Cross Hospital	*15,000*		*15,000*	
3923 MU101 - Mercy General Health Parti	*247,000*		*247,000*	
3923 NO101 - Mercy Hospital - Cadillac	*25,000*		*25,000*	
3923 NO102 - Mercy Hospital - Grayling H	*25,000*		*25,000*	
3923 OA101 - St Joseph Mercy Hospital	*95,000*		*95,000*	
3923 OH1HS - MCHS Corporate Departm	*369,000*		*369,000*	
3923 PH101 - Mercy Hospital - Port Huron	*26,000*		*26,000*	
3923 SC101 - Mercy Medical Ctr - Sioux C	*203,000*		*203,000*	
3923 - IC URO alloc phys revenue	2,484,000		2,484,000	
3925 CL101 - Mercy Medical Center - Clin	*58,000*		*58,000*	
3925 MC101 - Mercy Medical Center-Nort	*110,000*		*110,000*	
3925 OA101 - St Joseph Mercy Hospital	*479,000*		*479,000*	
3925 PH101 - Mercy Hospital - Port Huron	*155,000*		*155,000*	
3925 SC101 - Mercy Medical Ctr - Sioux C	*207,000*		*207,000*	
3925 - IC URO reimbursement rev	1,009,000		1,009,000	
Mgmt fees income, IC	376,232,090	333,333,281	42,898,809	12 9%
3942 - Unrestricted contributions	18,333	24,000	(5,666)	(23 6%)
3949 IR701 - Venzke Insurance Company	*1,488,164*	*1,082,810*	*405,354*	*37 4%*
3949 - I/C Grant revenue	1,488,164	1,082,810	405,354	37 4%
Grant revenue	1,488,164	1,082,810	405,354	37 4%
Other operating revenue, total	**662,279,640**	**604,875,203**	**57,404,437**	**9.5%**
Total operating revenue	**754,869,478**	**695,269,814**	**59,599,665**	**8.6%**
EXPENSES				
5001 - Management & Supervisors	105,712,339	104,470,118	(1,242,221)	(1 2%)
5002 - Technicians & specialties	56,434,238	65,270,791	8,836,553	13 5%
5003 - Professionals	35,745,220	28,444,996	(7,300,224)	(25 7%)
5009 - Clerical/administrative	16,557,037	7,876,613	(8,680,423)	(110 2%)
5010 - Other -envir, maint, diet, etc	77,715	2,900	(74,815)	(2,579 8%)
5015 GL - GL Org for PS I/C activity	*0*		*0*	
5015 AA102 - St Joseph Mercy Hospital	*6,439*		*(6,439)*	
5015 AA106 - St Mary Mercy Hospital	*5,461*		*(5,461)*	
5015 BC101 - Battle Creek Hospital Only	*1,829*		*(1,829)*	
5015 CA401 - Saint Agnes Medical Center	*(57,396)*		*57,396*	
5015 CL101 - Mercy Medical Center - Clin	*3,451*		*(3,451)*	
5015 DU101 - Mercy Medical Center - Dul	*2,099*		*(2,099)*	
5015 GR101 - St Mary's Health Care	*40,362*	*3,663,274*	*3,622,912*	*98 9%*
5015 ID101 - Saint Alphonsus Regional M	*(791,815)*		*791,815*	
5015 ID110 - SAMC - Nampa	*(45,420)*		*45,420*	
5015 ID112 - SAMC - Ontario	*(45,192)*		*45,192*	
5015 MC101 - Mercy Medical Center-Nort	*109,927*	*1,865,477*	*1,755,550*	*94 1%*
5015 MU101 - Mercy General Health Parti	*4,572*		*(4,572)*	
5015 OA101 - St Joseph Mercy Hospital	*6,284*		*(6,284)*	
5015 PH101 - Mercy Hospital - Port Huron	*9,848*		*(9,848)*	
5015 SC101 - Mercy Medical Ctr - Sioux C	*2,350*		*(2,350)*	
5015 - IC Salary and wages	(747,201)	5,528,751	6,275,952	113 5%
5050 - General prod salary accrual	15,267,812	11,353,956	(3,913,856)	(34 5%)
5051 - Capitalized salaries (contra)	(11,876,000)	(9,190,580)	2,685,420	29 2%

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
Productive salaries	217,171,160	213,757,544	(3,413,615)	(1 6%)
5100 - Holiday, vacation, sick &other	31,567,903	1,871,849	(29,696,054)	(1,586 5%)
5101 GL - GL Org for PS I/C activity	*0*		*0*	
5101 AA106 - St Mary Mercy Hospital	*910*		*(910)*	
5101 BC101 - Battle Creek Hospital Only	*305*		*(305)*	
5101 CL101 - Mercy Medical Center - Clin	*160*		*(160)*	
5101 DU101 - Mercy Medical Center - Dul	*350*		*(350)*	
5101 GR101 - St Mary's Health Care	*718*		*(718)*	
5101 MC101 - Mercy Medical Center-Nort	*19,471*	*226,799*	*207,328*	*91 4%*
5101 MU101 - Mercy General Health Parti	*762*		*(762)*	
5101 OA101 - St Joseph Mercy Hospital	*1,047*		*(1,047)*	
5101 PH101 - Mercy Hospital - Port Huron	*2,611*		*(2,611)*	
5101 SC101 - Mercy Medical Ctr - Sioux C	*2,350*		*(2,350)*	
5101 - IC non-productive salaries	28,683	226,799	198,116	87 4%
Non-productive salaries	31,596,586	2,098,647	(29,497,938)	(1,405 6%)
Salaries and wages	**248,767,745**	**215,856,192**	**(32,911,554)**	**(15.2%)**
5200 - FICA	16,241,693	13,859,385	(2,382,308)	(17 2%)
5202 - Health benefits, self insured	9,210,531	13,635,781	4,425,249	32 5%
5225 AA102 - St Joseph Mercy Hospital	*(550,136)*	*100,545*	*650,681*	*647 2%*
5225 AA106 - St Mary Mercy Hospital	*441,181*	*(192,096)*	*(633,277)*	*(329 7%)*
5225 BC101 - Battle Creek Hospital Only	*330,842*	*(3,154)*	*(333,996)*	*(10,591 0%)*
5225 CL101 - Mercy Medical Center - Clin	*(3,684)*	*(19,638)*	*(15,955)*	*(81 2%)*
5225 DU101 - Mercy Medical Center - Dul	*(27,670)*	*1,048,161*	*1,075,830*	*102 6%*
5225 GR101 - St Mary's Health Care	*(46,198)*	*403,742*	*449,940*	*111 4%*
5225 HH301 - Home Care Corporate Offic	*208,613*	*(251,673)*	*(460,286)*	*(182 9%)*
5225 ID101 - Saint Alphonsus Regional M	*296,028*	*346,699*	*50,672*	*14 6%*
5225 ID110 - SAMC - Nampa	*(163,319)*	*(59,607)*	*103,712*	*174 0%*
5225 ID150 - MedNow, Inc		*(1,347)*	*(1,347)*	*(100 0%)*
5225 ID410 - St Alphonsus Med Group - N		*(5,049)*	*(5,049)*	*(100 0%)*
5225 ID112 - SAMC - Ontario	*(153,974)*	*(92,049)*	*61,925*	*67 3%*
5225 ID114 - SAMC - Baker City	*(169,404)*	*(41,967)*	*127,437*	*303 7%*
5225 IN201 - Saint Joseph's RMC Inc	*459,854*	*259,225*	*(200,629)*	*(77 4%)*
5225 IN202 - Saint Joseph's RMC - SB Ca	*0*	*69,947*	*69,947*	*100 0%*
5225 MC101 - Mercy Medical Center-Nort	*(25,944)*	*122,427*	*148,371*	*121 2%*
5225 MD140 - Holy Cross Hospital	*(36,211)*	*(56,704)*	*(20,493)*	*(36 1%)*
5225 MU101 - Mercy General Health Parti	*(99,644)*	*(213,797)*	*(114,153)*	*(53 4%)*
5225 NO101 - Mercy Hospital - Cadillac	*(35,076)*	*(107,128)*	*(72,052)*	*(67 3%)*
5225 NO102 - Mercy Hospital - Grayling H	*(204,356)*	*(94,132)*	*110,224*	*117 1%*
5225 OA101 - St Joseph Mercy Hospital	*(107,136)*	*(393,684)*	*(286,548)*	*(72 8%)*
5225 OH1HS - MCHS Corporate Departm	*965,697*	*852,846*	*(112,851)*	*(13 2%)*
5225 PH101 - Mercy Hospital - Port Huron	*(4,854)*	*(12,361)*	*(7,507)*	*(60 7%)*
5225 SC101 - Mercy Medical Ctr - Sioux C	*(42,450)*	*238,239*	*280,689*	*117 8%*
5225 TC600 - TSLC Corporate Office	*(2,060)*	*(17,380)*	*(15,320)*	*(88 1%)*
5225 - IC Stop loss	1,030,101	1,880,065	849,964	45 2%
5227 AA102 - St Joseph Mercy Hospital	*146,262*		*(146,262)*	
5227 AA106 - St Mary Mercy Hospital	*112,256*		*(112,256)*	
5227 BC101 - Battle Creek Hospital Only	*88,016*		*(88,016)*	
5227 CL101 - Mercy Medical Center - Clin	*61,423*		*(61,423)*	
5227 GR101 - St Mary's Health Care	*198,977*		*(198,977)*	
5227 HH301 - Home Care Corporate Offic	*39,890*		*(39,890)*	
5227 ID101 - Saint Alphonsus Regional M	*303,702*		*(303,702)*	
5227 ID110 - SAMC - Nampa	*12,969*		*(12,969)*	
5227 ID112 - SAMC - Ontario	*9,287*		*(9,287)*	
5227 ID114 - SAMC - Baker City	*4,643*		*(4,643)*	
5227 IN202 - Saint Joseph's RMC - SB Ca	*49,068*		*(49,068)*	

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
5227 MC101 - Mercy Medical Center-Nort	*224,629*		*(224,629)*	
5227 MD140 - Holy Cross Hospital	*157,558*		*(157,558)*	
5227 MU101 - Mercy General Health Parti	*54,833*		*(54,833)*	
5227 NO101 - Mercy Hospital - Cadillac	*52,951*		*(52,951)*	
5227 NO102 - Mercy Hospital - Grayling H	*49,068*		*(49,068)*	
5227 OA101 - St Joseph Mercy Hospital	*186,857*		*(186,857)*	
5227 OH1HS - MCHS Corporate Departm	*622,125*		*(622,125)*	
5227 PH101 - Mercy Hospital - Port Huron	*1,530*		*(1,530)*	
5227 SC101 - Mercy Medical Ctr - Sioux C	*151,792*		*(151,792)*	
5227 TC600 - TSLC Corporate Office	*3,648*		*(3,648)*	
5227 - IC Pharmacy rebate	2,531,484		(2,531,484)	
Health benefits self ins total	12,772,116	15,515,846	2,743,730	17 7%
5220 - Health benefits, insured	3,737,580		(3,737,580)	
Health benefits ins total	3,737,580		(3,737,580)	
Health benefits	**16,509,696**	**15,515,846**	**(993,850)**	**(6.4%)**
5221 - Dental	1,593,984		(1,593,984)	
Dental benefits self ins total	1,593,984		(1,593,984)	
5203 - Long-term disability	1,149,667	1,126,023	(23,644)	(2 1%)
5204 - Short-term disability	771,968	562,677	(209,291)	(37 2%)
5205 - Life insurance	757,396	763,055	5,660	0 7%
5215 - Retirement - defined benefit	157,607,148	159,471,824	1,864,676	1 2%
5206 GL - GL Org for PS I/C activity	*(22,995)*	*(35,000)*	*(12,005)*	*(34 3%)*
5206 AA102 - St Joseph Mercy Hospital	*(27,817,144)*	*(20,653,000)*	*7,164,144*	*34 7%*
5206 AA106 - St Mary Mercy Hospital	*605,000*	*(5,293,000)*	*(5,898,000)*	*(111 4%)*
5206 CA401 - Saint Agnes Medical Center	*(10,578,478)*	*(11,256,000)*	*(677,522)*	*(6 0%)*
5206 CL101 - Mercy Medical Center - Clin	*(2,145,253)*	*(2,238,000)*	*(92,747)*	*(4 1%)*
5206 DU101 - Mercy Medical Center - Dul	*(3,403,468)*	*(3,623,000)*	*(219,532)*	*(6 1%)*
5206 GR101 - St Mary's Health Care	*(7,660,240)*	*(6,678,000)*	*982,240*	*14 7%*
5206 HH301 - Home Care Corporate Offic	*(1,936,051)*	*(1,575,000)*	*361,051*	*22 9%*
5206 ID101 - Saint Alphonsus Regional M	*(9,258,540)*	*(9,413,000)*	*(154,460)*	*(1 6%)*
5206 ID110 - SAMC - Nampa	*(999,537)*		*999,537*	
5206 ID112 - SAMC - Ontario	*(823,757)*		*823,757*	
5206 ID114 - SAMC - Baker City	*(435,160)*		*435,160*	
5206 IN201 - Saint Joseph's RMC Inc	*(7,873,885)*	*(8,281,000)*	*(407,115)*	*(4 9%)*
5206 MC101 - Mercy Medical Center-Nort	*(7,824,494)*	*(8,752,000)*	*(927,506)*	*(10 6%)*
5206 MD140 - Holy Cross Hospital	*(9,104,169)*	*(9,969,000)*	*(864,831)*	*(8 7%)*
5206 MU101 - Mercy General Health Parti	*(10,419,726)*	*(10,890,000)*	*(470,274)*	*(4 3%)*
5206 NO101 - Mercy Hospital - Cadillac	*(1,369,390)*	*(1,601,000)*	*(231,610)*	*(14 5%)*
5206 NO102 - Mercy Hospital - Grayling H	*(1,449,575)*	*(1,517,000)*	*(67,425)*	*(4 4%)*
5206 OA101 - St Joseph Mercy Hospital	*(8,348,010)*	*(9,245,000)*	*(896,990)*	*(9 7%)*
5206 OH1HS - MCHS Corporate Departm	*(22,552,056)*	*(22,642,000)*	*(89,944)*	*(0 4%)*
5206 PH101 - Mercy Hospital - Port Huron	*(1,789,366)*	*(2,084,000)*	*(294,634)*	*(14 1%)*
5206 SC101 - Mercy Medical Ctr - Sioux C	*(5,091,300)*	*(6,207,000)*	*(1,115,700)*	*(18 0%)*
5206 TC600 - TSLC Corporate Office	*(2,768,996)*	*(2,746,000)*	*22,996*	*0 8%*
5206 - IC Retirement - defined benefit	(143,066,590)	(144,698,000)	(1,631,410)	(1 1%)
5224 - Non-qualified pension expense	1,700,004	(453,555)	(2,153,559)	(474 8%)
DEFINED_BENEFIT - Retirement - def b	16,240,562	14,320,269	(1,920,293)	(13 4%)
5219 - 403b employer match	5,712,022		(5,712,022)	
EMPLOYER_MATCH - Retirement - emp	5,712,022	0	(5,712,022)	
5216 - Retiree health	(2,959,517)	4,278,024	7,237,541	169 2%
5207 CA401 - Saint Agnes Medical Center	*958,000*	*(1,066,000)*	*(2,024,000)*	*(189 9%)*
5207 ID101 - Saint Alphonsus Regional M	*714,000*	*(664,000)*	*(1,378,000)*	*(207 5%)*
5207 IN201 - Saint Joseph's RMC Inc	*1,008,000*	*(1,039,000)*	*(2,047,000)*	*(197 0%)*
5207 MD140 - Holy Cross Hospital	*1,182,000*	*(1,094,000)*	*(2,276,000)*	*(208 0%)*
5207 OH1HS - MCHS Corporate Departm	*(918,710)*	*(328,000)*	*590,710*	*180 1%*

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
5207 - IC Retiree health	2,943,290	(4,191,000)	(7,134,290)	(170 2%)
RETIREE_HEALTH - Retiree health, tota	(16,227)	87,024	103,251	118 6%
Retirement benefits	**21,936,357**	**14,407,293**	**(7,529,064)**	**(52.3%)**
5208 - Workers compensation	11,212,043	8,236,895	(2,975,148)	(36 1%)
5218 GL - GL Org for PS I/C activity	*(436)*	*0*	*436*	
5218 IR701 - Venzke Insurance Company	*0*	*3,295,831*	*3,295,831*	*100 0%*
5218 - IC Workers compensation	(436)	3,295,831	3,296,267	100 0%
WORKERS_COMP - Workers compensa	11,211,607	11,532,726	321,119	2 8%
5209 - Unemployment compensation	117,972	125,877	7,905	6 3%
5210 - Relocation	1,192,894	1,250,706	57,812	4 6%
5211 - Tuition reimbursement	276,617	344,552	67,936	19 7%
5212 - Employee discounts/awards	115,714	89,549	(26,165)	(29 2%)
5214 AA106 - St Mary Mercy Hospital	*1,636*	*0*	*(1,636)*	
5214 BC101 - Battle Creek Hospital Only	*548*	*0*	*(548)*	
5214 CA401 - Saint Agnes Medical Center	*(16,074)*		*16,074*	
5214 CL101 - Mercy Medical Center - Clin	*927*	*0*	*(927)*	
5214 DU101 - Mercy Medical Center - Dul	*686*	*0*	*(686)*	
5214 GR101 - St Mary's Health Care	*18,991*	*880,898*	*861,908*	*97 8%*
5214 ID101 - Saint Alphonsus Regional M	*(200,310)*	*0*	*200,310*	
5214 ID110 - SAMC - Nampa	*(12,714)*		*12,714*	
5214 ID112 - SAMC - Ontario	*(12,654)*		*12,654*	
5214 MC101 - Mercy Medical Center-Nort	*71,686*	*1,016,369*	*944,684*	*92 9%*
5214 MU101 - Mercy General Health Parti	*1,369*	*0*	*(1,369)*	
5214 OA101 - St Joseph Mercy Hospital	*1,882*	*0*	*(1,882)*	
5214 PH101 - Mercy Hospital - Port Huron	*3,364*	*0*	*(3,364)*	
5214 SC101 - Mercy Medical Ctr - Sioux C	*1,206*	*0*	*(1,206)*	
5214 - IC Fringe benefit expense	(139,458)	1,897,268	2,036,726	107 4%
5290 - Other benefits	2,370,888	3,109,421	738,533	23 8%
5295 - Fringe benefit allocation	0	0	0	(50 0%)
Employee benefits	**74,106,994**	**64,584,377**	**(9,522,616)**	**(14.7%)**
Employment Expense	**322,874,739**	**280,440,569**	**(42,434,170)**	**(15.1%)**
5310 - Temporary labor, broker	1,020,291	266,317	(753,974)	(283 1%)
5300 - Temporary labor, other	3,731,370	1,815,712	(1,915,658)	(105 5%)
TEMPORARY_LABOR - Temporary labo	4,751,661	2,082,029	(2,669,632)	(128 2%)
5301 - Outsourced services	258,192	343,857	85,664	24 9%
5302 AA102 - St Joseph Mercy Hospital	*42,114*	*1,068,861*	*1,026,747*	*96 1%*
5302 AA106 - St Mary Mercy Hospital	*253,669*	*245,530*	*(8,139)*	*(3 3%)*
5302 CL101 - Mercy Medical Center - Clin		*(31,740)*	*(31,740)*	*(100 0%)*
5302 DU101 - Mercy Medical Center - Dul		*(69,302)*	*(69,302)*	*(100 0%)*
5302 ID101 - Saint Alphonsus Regional M		*18,750*	*18,750*	*100 0%*
5302 MC101 - Mercy Medical Center-Nort	*15,444*	*507,689*	*492,245*	*97 0%*
5302 MD140 - Holy Cross Hospital	*28,357*	*706,056*	*677,699*	*96 0%*
5302 MU101 - Mercy General Health Parti	*787,723*	*631,207*	*(156,516)*	*(24 8%)*
5302 OA101 - St Joseph Mercy Hospital	*0*	*35,951*	*35,951*	*100 0%*
5302 PH101 - Mercy Hospital - Port Huron		*30,213*	*30,213*	*100 0%*
5302 - IC THCE Contract labor	1,127,307	3,143,215	2,015,908	64 1%
5306 MU101 - Mercy General Health Parti	*73,647*		*(73,647)*	
5306 MU642 - Muskegon Community Hlth	*29,685*		*(29,685)*	
5306 OA101 - St Joseph Mercy Hospital	*5,498*		*(5,498)*	
5306 SC101 - Mercy Medical Ctr - Sioux C	*(115,409)*		*115,409*	
5306 - IC Contract labor	(6,579)	0	6,579	
5307 AA102 - St Joseph Mercy Hospital	*15,499*		*(15,499)*	
5307 CA401 - Saint Agnes Medical Center	*64,942*		*(64,942)*	
5307 GR101 - St Mary's Health Care	*14,374*		*(14,374)*	
5307 IN203 - Saint Joseph's RMC - Plymo	*27,630*		*(27,630)*	

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
5307 MC101 - Mercy Medical Center-Nort	*1,883*	*1,881*	*(2)*	*(0 1%)*
5307 - IC URO Contract labor	124,327	1,881	(122,446)	(6,509 6%)
CONTRACT_LABOR_IC - IC Contract La	1,245,055	3,145,096	1,900,041	60 4%
Contract labor, total	**6,254,908**	**5,570,982**	**(683,927)**	**(12.3%)**
Total labor expenses	**329,129,647**	**286,011,551**	**(43,118,096)**	**(15.1%)**
7053 - Supplies rebates	(854,742)	(370,544)	484,198	130 7%
Patient supplies	(854,742)	(370,544)	484,198	130 7%
7100 - Office supplies	674,217	615,246	(58,971)	(9 6%)
7110 - Postage	180,687	138,729	(41,958)	(30 2%)
7111 - Freight	688,674	547,450	(141,224)	(25 8%)
7115 - Maintenance supplies	50,725	59,060	8,335	14 1%
7120 - Minor equip and instruments	6,301,369	3,419,389	(2,881,979)	(84 3%)
7125 - Inventory shrinkage	84,950	60,354	(24,596)	(40 8%)
7126 - I/C non-patient supplies	220,659	228,259	7,600	3 3%
Non-patient supplies	8,201,280	5,068,487	(3,132,794)	(61 8%)
Supplies	**7,346,539**	**4,697,943**	**(2,648,596)**	**(56.4%)**
6506 - MD&A legal	1,519,484		(1,519,484)	
6507 - MD&A consulting	4,732,232		(4,732,232)	
MD&A purchased services	6,251,717		(6,251,717)	
6520 - Consulting fees expense	23,430,380	18,432,840	(4,997,540)	(27 1%)
6525 - Management fees expense	1,622,110	1,896,138	274,027	14 5%
6530 - Software and IS fees	74,555,895	64,451,947	(10,103,949)	(15 7%)
6535 - Legal	1,674,826	2,023,808	348,982	17 2%
6540 - Auditing and acct services	2,345,958	2,286,368	(59,591)	(2 6%)
6545 - Collection service	6,958,841	846,650	(6,112,191)	(721 9%)
6546 - Billing pre-collection fees	6		(6)	
6550 - Advertising	394,156	325,120	(69,037)	(21 2%)
6549 - Pubs / Printing / Collateral	471,581	388,054	(83,527)	(21 5%)
6548 - Other marketing and PR	49,476	38,445	(11,031)	(28 7%)
Advertising, pubs/print, other	915,213	751,619	(163,594)	(21 8%)
6555 - Recruitment	1,187,556	1,181,010	(6,546)	(0 6%)
6560 GL - GL Org for PS I/C activity	*(35,240)*	*(38,969)*	*(3,729)*	*(9 6%)*
6560 AA102 - St Joseph Mercy Hospital	*(22,505)*	*(17,043)*	*5,462*	*32 0%*
6560 AA106 - St Mary Mercy Hospital	*(7,024)*	*0*	*7,024*	
6560 BC101 - Battle Creek Hospital Only	*(7,469)*	*(5,277)*	*2,192*	*41 5%*
6560 CA401 - Saint Agnes Medical Center	*(1,172)*	*(1,098)*	*74*	*6 7%*
6560 CL101 - Mercy Medical Center - Clin	*(658)*	*(549)*	*109*	*19 9%*
6560 DU101 - Mercy Medical Center - Dul	*(2,887)*	*16*	*2,903*	*18,725 8%*
6560 GR101 - St Mary's Health Care	*(102,184)*	*(13,311)*	*88,873*	*667 7%*
6560 HH301 - Home Care Corporate Offic	*(53,078)*		*53,078*	
6560 ID101 - Saint Alphonsus Regional M	*(13,621)*	*(13,835)*	*(215)*	*(1 6%)*
6560 IN201 - Saint Joseph's RMC Inc	*(3,209)*	*(29,891)*	*(26,682)*	*(89 3%)*
6560 IR701 - Venzke Insurance Company	*(15,525)*	*0*	*15,525*	
6560 MC101 - Mercy Medical Center-Nort	*(14,590)*	*(16,209)*	*(1,619)*	*(10 0%)*
6560 MD140 - Holy Cross Hospital	*(63,695)*	*(41,569)*	*22,126*	*53 2%*
6560 MU101 - Mercy General Health Parti	*(11,164)*	*(9,752)*	*1,412*	*14 5%*
6560 NO101 - Mercy Hospital - Cadillac	*(1,540)*	*(605)*	*935*	*154 5%*
6560 NO102 - Mercy Hospital - Grayling H	*(3,048)*	*(1,436)*	*1,612*	*112 3%*
6560 OA101 - St Joseph Mercy Hospital	*(88,678)*	*(8,522)*	*80,156*	*940 6%*
6560 OH1HS - MCHS Corporate Departm	*(64,053)*	*(56,405)*	*7,648*	*13 6%*
6560 PH101 - Mercy Hospital - Port Huron	*(2,010)*	*(1,730)*	*280*	*16 2%*
6560 SC101 - Mercy Medical Ctr - Sioux C	*(7,116)*	*142,600*	*149,716*	*105 0%*
6560 TC600 - TSLC Corporate Office	*(70,890)*	*(6,000)*	*64,890*	*1,081 5%*
6560 - IC Purchased services	(591,356)	(119,586)	471,771	394 5%
6573 GR101 - St Mary's Health Care	*23,865*	*456,009*	*432,143*	*94 8%*

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
6573 MC101 - Mercy Medical Center-Nort	*32,191*	*577,318*	*545,127*	*94 4%*
6573 MU101 - Mercy General Health Parti		*68,390*	*68,390*	*100 0%*
6573 - IC URO Purchased service	56,056	1,101,717	1,045,661	94 9%
6574 AA106 - St Mary Mercy Hospital	*(1,037,999)*		*1,037,999*	
6574 BC101 - Battle Creek Hospital Only	*(375,000)*		*375,000*	
6574 CL101 - Mercy Medical Center - Clin	*(330,708)*		*330,708*	
6574 DU101 - Mercy Medical Center - Dul	*(332,193)*		*332,193*	
6574 GR101 - St Mary's Health Care	*(1,230,960)*		*1,230,960*	
6574 MC101 - Mercy Medical Center-Nort	*(1,283,709)*		*1,283,709*	
6574 MU101 - Mercy General Health Parti	*(908,168)*		*908,168*	
6574 OA101 - St Joseph Mercy Hospital	*(942,209)*		*942,209*	
6574 PH101 - Mercy Hospital - Port Huron	*(151,050)*		*151,050*	
6574 SC101 - Mercy Medical Ctr - Sioux C	*(1,068,000)*		*1,068,000*	
6574 - IC URO PFS expense	(7,659,994)		7,659,994	
Purchased services, IC	(8,195,294)	982,132	9,177,425	934 4%
6590 - Other purchased services	10,818,504	8,501,817	(2,316,687)	(27 2%)
Other purch fees and services	121,565,712	101,354,327	(20,211,385)	(19 9%)
Purchased services	**121,565,712**	**101,354,327**	**(20,211,385)**	**(19.9%)**
7500 - Bldg, improv, fix depr exp	1,545,049	1,112,961	(432,088)	(38 8%)
7510 - Moveable equip depr exp	75,832,412	73,780,481	(2,051,931)	(2 8%)
7551 MC101 - Mercy Medical Center-Nort	*15,959*	*15,241*	*(718)*	*(4 7%)*
7551 - IC depreciation expense	15,959	15,241	(718)	(4 7%)
Depreciation expense	77,393,420	74,908,683	(2,484,737)	(3 3%)
Depreciation and amortization	**77,393,420**	**74,908,683**	**(2,484,737)**	**(3.3%)**
7200 - Maint contracts-equipment	29,127,826	27,600,660	(1,527,166)	(5 5%)
7205 - Building repairs	106,579	48,612	(57,967)	(119 2%)
7215 - Equipment repairs	27,354,276	23,040,560	(4,313,716)	(18 7%)
Repairs and maintenance	56,588,681	50,689,833	(5,898,848)	(11 6%)
7305 - Fuel oil/natural gas/gasoline	26,510	(4,495)	(31,005)	(689 8%)
7310 - Communications	16,576,941	13,533,410	(3,043,530)	(22 5%)
7315 - Electricity	1,472,933	1,424,004	(48,929)	(3 4%)
Utilities	18,076,383	14,952,920	(3,123,464)	(20 9%)
7400 - Building rent	6,403,721	6,110,911	(292,810)	(4 8%)
7410 - Equipment rent	1,206,794	1,223,310	16,516	1 4%
Building and equipment rentals	7,610,515	7,334,221	(276,293)	(3 8%)
7425 GL - GL Org for PS I/C activity	*(1,333)*	*(415)*	*918*	*221 2%*
7425 AA101 - Central Services	*(1,258,349)*	*(2,339,904)*	*(1,081,554)*	*(46 2%)*
7425 AA106 - St Mary Mercy Hospital	*(159,331)*	*(242,592)*	*(83,262)*	*(34 3%)*
7425 BC101 - Battle Creek Hospital Only	*(239,444)*	*(343,289)*	*(103,846)*	*(30 3%)*
7425 CA401 - Saint Agnes Medical Center	*(267)*		*267*	
7425 CL101 - Mercy Medical Center - Clin	*(122,915)*	*(68,492)*	*54,423*	*79 5%*
7425 DU101 - Mercy Medical Center - Dul	*(146,797)*	*(78,114)*	*68,683*	*87 9%*
7425 GR101 - St Mary's Health Care	*(592,307)*	*(971,982)*	*(379,674)*	*(39 1%)*
7425 HH301 - Home Care Corporate Offic	*(502,207)*	*(370,412)*	*131,795*	*35 6%*
7425 ID101 - Saint Alphonsus Regional M	*(9)*		*9*	
7425 IN201 - Saint Joseph's RMC Inc	*(458,409)*	*(445,632)*	*12,777*	*2 9%*
7425 MC101 - Mercy Medical Center-Nort	*(394,021)*	*(316,155)*	*77,866*	*24 6%*
7425 MD140 - Holy Cross Hospital	*(257,452)*	*(63,485)*	*193,967*	*305 5%*
7425 MU101 - Mercy General Health Parti	*(542,189)*	*(903,833)*	*(361,644)*	*(40 0%)*
7425 OA101 - St Joseph Mercy Hospital	*(414,497)*	*(594,353)*	*(179,856)*	*(30 3%)*
7425 OH1HS - MCHS Corporate Departm	*(892,975)*		*892,975*	
7425 PH101 - Mercy Hospital - Port Huron	*(195,066)*	*(321,246)*	*(126,180)*	*(39 3%)*
7425 SC101 - Mercy Medical Ctr - Sioux C	*(216,933)*	*(158,634)*	*58,299*	*36 8%*
7425 TC600 - TSLC Corporate Office	*(256,991)*	*(289,989)*	*(32,998)*	*(11 4%)*
7425 - IC Occupancy costs	(6,651,494)	(7,508,529)	(857,035)	(11 4%)

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
Occupancy	**75,624,085**	**65,468,445**	**(10,155,640)**	**(15.5%)**
7620 - Interest expense-external	83,056,421	77,139,146	(5,917,275)	(7 7%)
7615 - Accretion exp, asset ret oblig	68,465	85,661	17,196	20 1%
7650 - Amort bond disc/prem- extern	202,517	311,271	108,754	34 9%
Amort of bond discount/premium	202,517	311,271	108,754	34 9%
7680 - Amort debt iss costs- external	1,022,659	2,122,413	1,099,754	51 8%
Amort of debt issuance costs	1,022,659	2,122,413	1,099,754	51 8%
Interest expense	**84,350,062**	**79,658,490**	**(4,691,571)**	**(5.9%)**
7700 - Property & casualty insurance	4,057,151	4,307,276	250,125	5 8%
7705 - Malpractice insurance	36,697,819	21,715,535	(14,982,283)	(69 0%)
7755 GL - GL Org for PS I/C activity	*(160)*	*0*	*160*	
7755 AA102 - St Joseph Mercy Hospital	*425*		*(425)*	
7755 AA106 - St Mary Mercy Hospital		*425*	*425*	*100 0%*
7755 GR101 - St Mary's Health Care		*5,998*	*5,998*	*100 0%*
7755 IN201 - Saint Joseph's RMC Inc		*275*	*275*	*100 0%*
7755 IR701 - Venzke Insurance Company	*6,283,003*	*11,853,178*	*5,570,175*	*47 0%*
7755 MC101 - Mercy Medical Center-Nort	*0*	*80,282*	*80,281*	*100 0%*
7755 MD140 - Holy Cross Hospital	*857*		*(857)*	
7755 MU101 - Mercy General Health Parti		*275*	*275*	*100 0%*
7755 OA101 - St Joseph Mercy Hospital		*425*	*425*	*100 0%*
7755 OH1HS - MCHS Corporate Departm		*50,425*	*50,425*	*100 0%*
7755 TC600 - TSLC Corporate Office		*15,285*	*15,285*	*100 0%*
7755 - IC Insurance expense	6,284,126	12,006,568	5,722,442	47 7%
7790 - Other insurance	5,313,503	5,844,121	530,618	9 1%
Insurance	52,352,599	43,873,500	(8,479,099)	(19 3%)
7900 - Dues/memberships	378,492	345,093	(33,399)	(9 7%)
7910 - Books/subscriptions	858,983	1,225,182	366,199	29 9%
7920 - Travel	5,762,296	3,606,604	(2,155,692)	(59 8%)
7921 - Meals & entertainment	0	250	250	100 0%
7925 - Education expense	2,520,948	2,370,381	(150,568)	(6 4%)
7927 - Meetings and programs	2,371,754	1,699,165	(672,589)	(39 6%)
7933 - Sales tax	408,886	277,661	(131,225)	(47 3%)
7935 - Penalties	1,082	0	(1,082)	
7939 - Other taxes	(1,408,126)		1,408,126	
Taxes and licenses	(998,158)	277,661	1,275,819	459 5%
7945 - Bank service fees	1,908,211	1,382,962	(525,249)	(38 0%)
7950 - Donations/community service	128,300	262,295	133,995	51 1%
7955 AA102 - St Joseph Mercy Hospital	*10,000*	*0*	*(10,000)*	
7955 AA106 - St Mary Mercy Hospital	*17,107*	*27,452*	*10,345*	*37 7%*
7955 AA652 - Continuing Mission		*93,013*	*93,013*	*100 0%*
7955 BC101 - Battle Creek Hospital Only		*145,165*	*145,165*	*100 0%*
7955 DU101 - Mercy Medical Center - Dul	*0*	*212,697*	*212,697*	*100 0%*
7955 GR101 - St Mary's Health Care	*0*	*176,438*	*176,438*	*100 0%*
7955 ID101 - Saint Alphonsus Regional M	*174,612*	*183,943*	*9,331*	*5 1%*
7955 MC101 - Mercy Medical Center-Nort	*25,972*	*38,185*	*12,213*	*32 0%*
7955 MD140 - Holy Cross Hospital	*51,046*	*105,908*	*54,863*	*51 8%*
7955 MU101 - Mercy General Health Parti	*225,000*	*87,360*	*(137,640)*	*(157 6%)*
7955 NO102 - Mercy Hospital - Grayling H		*84,549*	*84,549*	*100 0%*
7955 OA101 - St Joseph Mercy Hospital	*112,959*	*370,868*	*257,909*	*69 5%*
7955 OH1FD - MCHS Foundation		*7,452*	*7,452*	*100 0%*
7955 OH1HS - MCHS Corporate Departm	*139,500*	*0*	*(139,500)*	
7955 SC101 - Mercy Medical Ctr - Sioux C	*125,472*	*150,316*	*24,844*	*16 5%*
7955 - I/C contribution expense	881,667	1,683,346	801,679	47 6%
Contribution expense	1,009,967	1,945,641	935,674	48 1%
7957 - Loss on sale/impairment of PP&E	517,416		(517,416)	

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
7952 AA102 - St Joseph Mercy Hospital	*207,079*		*(207,079)*	
7952 AA105 - Chelsea Community Hospit	*110*		*(110)*	
7952 BC101 - Battle Creek Hospital Only	*3,304*	*0*	*(3,304)*	
7952 CL101 - Mercy Medical Center - Clin	*2,319*	*(97)*	*(2,416)*	*(2,482 1%)*
7952 DU101 - Mercy Medical Center - Dul	*647*	*(524)*	*(1,171)*	*(223 5%)*
7952 GR101 - St Mary's Health Care	*22,019*	*173,467*	*151,449*	*87 3%*
7952 MC101 - Mercy Medical Center-Nort	*14,864*	*48,739*	*33,876*	*69 5%*
7952 MD140 - Holy Cross Hospital		*7,117*	*7,117*	*100 0%*
7952 MU101 - Mercy General Health Parti	*10,051*	*4,394*	*(5,657)*	*(128 7%)*
7952 OA101 - St Joseph Mercy Hospital	*12,012*	*3,349*	*(8,664)*	*(258 7%)*
7952 OH1HS - MCHS Corporate Departm	*1,490*	*5,052*	*3,563*	*70 5%*
7952 SC101 - Mercy Medical Ctr - Sioux C	*1,031*	*(391)*	*(1,423)*	*(363 5%)*
7952 - IC Other expenses	274,926	241,105	(33,820)	(14 0%)
7953 - Out of balance IC plug	(442)	(416)	26	6 2%
7990 - Other	1,568,252	10,960,472	9,392,220	85 7%
7992 - Purchase discounts	(97,021)	(62,052)	34,969	56 4%
Other miscellaneous expenses	5,181,310	14,467,713	9,286,403	64 2%
Other expenses	**68,428,224**	**67,865,548**	**(562,676)**	**(0.8%)**
Non-labor expenses	**434,708,042**	**393,953,436**	**(40,754,606)**	**(10.3%)**
Operating expenses	**763,837,689**	**679,964,987**	**(83,872,703)**	**(12.3%)**
Oper inc before unusual items	**(8,968,211)**	**15,304,827**	**(24,273,038)**	**(158.6%)**
Operating income	**(8,968,211)**	**15,304,827**	**(24,273,038)**	**(158.6%)**
3903 - Non-op mkt sec CMP int div	2,521,130	7,286,073	(4,764,943)	(65 4%)
3901 - Non-op mkt sec CMP real g/l	6,762,412	1,150,489	5,611,923	487 8%
3904 - Non-op mkt sec ext int div	2,084,796	6,648,688	(4,563,892)	(68 6%)
3951 - Non-op bd des CMP int div	13,661,471	15,319,875	(1,658,404)	(10 8%)
3952 - Non-op bd des CMP real g/l	29,353,430	2,477,876	26,875,554	1,084 6%
3905 GL - GL Org for PS I/C activity	*186*	*288*	*(102)*	*(35 4%)*
3905 OH1FD - MCHS Foundation	*41,096*	*39,014*	*2,082*	*5 3%*
3905 - IC Non-op investment inc	41,282	39,302	1,980	5 0%
3915 - Non-op int inc loans/notes	452,506	446,323	6,183	1 4%
Non-op mkt sec invest inc	54,877,027	33,368,627	21,508,401	64 5%
3991 - Non-op mkt sec CMP chg hold gl	7,658,845	19,741,590	(12,082,746)	(61 2%)
3994 - Non-op LMTSIBP_CMP chg hold gl	126,413	174,069	(47,656)	(27 4%)
3997 - Non-op BD DES CMP chg hold gl	30,327,116	32,730,486	(2,403,370)	(7 3%)
Non-op mkt sec chg hold gl	38,112,374	52,646,146	(14,533,772)	(27 6%)
Non-op total mkt sec earnings	92,989,401	86,014,772	6,974,628	8 1%
3980 - Non-op oth inv CMP equity earn	(63,972)	3,452,595	(3,516,567)	(101 9%)
3982 - Non-op bd des CMP equity earn	(339,730)	6,920,969	(7,260,699)	(104 9%)
Non-op oth invest equity earn	(403,702)	10,373,564	(10,777,266)	(103 9%)
3984 - Chg unrl g/l oth inv CMP	6,039,340	(5,593,064)	11,632,405	208 0%
3986 - Chg unrl g/l oth inv SIBP CMP	182,838	(352,767)	535,605	151 8%
3988 - Chg unrl g/l oth inv bddes CMP	26,090,760	8,205,859	17,884,901	218 0%
Non-op oth invest unreal g/l	32,312,938	2,260,027	30,052,911	1,329 8%
Non-op total equity earnings	31,909,236	12,633,591	19,275,645	152 6%
Non-operating invest earnings	**124,898,637**	**98,648,364**	**26,250,273**	**26.6%**
3935 - Chg mkt value of deriv, non-op	29,257,760	(24,195,115)	53,452,875	220 9%
3978 - Derivatives, cash payments	(15,703,910)	(16,189,674)	485,763	3 0%
3979 AA102 - St Joseph Mercy Hospital	*1,767,558*	*1,940,945*	*(173,387)*	*(8 9%)*
3979 AA103 - Saint Joseph Mercy Livings	*171,446*	*188,260*	*(16,814)*	*(8 9%)*
3979 AA104 - Saint Joseph Mercy Saline	*29,089*	*31,942*	*(2,853)*	*(8 9%)*
3979 AA105 - Chelsea Community Hospit	*264,028*	*286,929*	*(22,901)*	*(8 0%)*
3979 AA106 - St Mary Mercy Hospital	*523,696*	*575,067*	*(51,371)*	*(8 9%)*
3979 BC101 - Battle Creek Hospital Only	*415,747*	*456,526*	*(40,779)*	*(8 9%)*
3979 CA401 - Saint Agnes Medical Center	*695,657*	*763,894*	*(68,237)*	*(8 9%)*

	LASTYR June 2011	2YRSAGO June 2010	Variance	% Variance
3979 CA403 - Professional Office Corpora	20,755	22,791	(2,036)	(8 9%)
3979 CL101 - Mercy Medical Center - Clin	126,835	139,283	(12,448)	(8 9%)
3979 DU101 - Mercy Medical Center - Dul	164,855	181,028	(16,173)	(8 9%)
3979 GR101 - St Mary's Health Care	803,323	882,128	(78,805)	(8 9%)
3979 HH301 - Home Care Corporate Offic	3,986	1,632	2,354	144 2%
3979 ID101 - Saint Alphonsus Regional M	1,326,475	1,209,138	117,337	9 7%
3979 ID110 - SAMC - Nampa	7,690	2,398	5,292	220 7%
3979 ID112 - SAMC - Ontario	130,733	40,765	89,968	220 7%
3979 ID114 - SAMC - Baker City	44,860	13,988	30,872	220 7%
3979 IN201 - Saint Joseph's RMC Inc	0	1,800,235	(1,800,235)	(100 0%)
3979 IN202 - Saint Joseph's RMC - SB Ca	2,171,267	363,250	1,808,017	497 7%
3979 IN203 - Saint Joseph's RMC - Plymo	44,243	48,584	(4,341)	(8 9%)
3979 LA601 - Michigan Cotenancy Lab	16,796	18,444	(1,648)	(8 9%)
3979 MC101 - Mercy Medical Center-Nort	566,003	594,633	(28,630)	(4 8%)
3979 MC102 - Mercy Medical Ctr-New Ha	25,720	28,247	(2,527)	(8 9%)
3979 MD140 - Holy Cross Hospital	652,083	716,068	(63,985)	(8 9%)
3979 MU101 - Mercy General Health Parti	264,781	290,759	(25,978)	(8 9%)
3979 MU102 - Hackley Hospital	636,878	400,449	236,429	59 0%
3979 MU640 - Hackley Health Systems, Ir		145,141	(145,141)	(100 0%)
3979 NO101 - Mercy Hospital - Cadillac	134,039	68,932	65,107	94 5%
3979 NO102 - Mercy Hospital - Grayling H	176,461	182,409	(5,948)	(3 3%)
3979 OA101 - St Joseph Mercy Hospital	671,152	736,982	(65,830)	(8 9%)
3979 OH1HS - MCHS Corporate Departm	2,469,569	2,549,477	(79,908)	(3 1%)
3979 PH101 - Mercy Hospital - Port Huron	212,152	232,965	(20,813)	(8 9%)
3979 SC101 - Mercy Medical Ctr - Sioux C	535,872	588,443	(52,571)	(8 9%)
3979 TC600 - TSLC Corporate Office	638,198	652,097	(13,899)	(2 1%)
3979 - I/C Derivatives, cash payments	15,711,947	16,153,829	(441,882)	(2 7%)
Derivatives, cash payments tot	8,037	(35,845)	43,881	122 4%
Derivatives, non-operating	**29,265,797**	**(24,230,960)**	**53,496,756**	**220.8%**
EQUITY_EARN_OB LA601 - Michigan Co	(96,659)		(96,659)	
EQUITY_EARN_OB LA602 - Warde Medi	(84,085)	(51,913)	(32,172)	(62 0%)
EQUITY_EARN_OB TH_HOSP - Total Ho	533,745,614	328,008,901	205,736,713	62 7%
EQUITY_EARN_OB OTHER_SUBS - Oth	9,969,776	12,389,471	(2,419,695)	(19 5%)
EQUITY_EARN_OB IS101 - Trinity Inform	(11,404,722)	(13,808,990)	2,404,268	17 4%
EQUITY_EARN_OB TC0CONS - Trinity C	10,818,861	7,541,527	3,277,334	43 5%
EQUITY_EARN_OB THHSCONS - Trinity	4,860,324	5,814,322	(953,998)	(16 4%)
EQUITY_EARN_OB CORPORATE_OTHE	17,346	(41,186)	58,532	142 1%
EQUITY_EARN_OB SUMMARY - Manual	(26,938)	7,155,374	(7,182,312)	(100 4%)
EQUITY_EARN_OB SUMMARY2 - Manua	(674)		(674)	
EQUITY_EARN_OB - Obligated Group equ	547,798,843	347,007,506	200,791,337	57 9%
3995 - Gain or loss from ext of debt	(10,184,968)	(948,556)	(9,236,412)	(973 7%)
7980 - Income taxes - federal, non-op	6,406,743	8,383,777	1,977,034	23 6%
7981 - Income taxes - state, non-op	70,580	15,109	(55,471)	(367 1%)
NONOP_INC_TAXES - Income taxes, no	6,477,323	8,398,886	1,921,563	22 9%
NONOP_OTHER - Other non-op income (lo	(6,477,323)	(8,398,886)	1,921,563	22 9%
Non-operating items	**685,300,986**	**412,077,469**	**273,223,518**	**66.3%**
Excess rev over exp before NCI	**676,332,775**	**427,382,296**	**248,950,480**	**58.3%**
Excess of revenue over expense	**676,332,775**	**427,382,296**	**248,950,480**	**58.3%**