




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST JOSEPH HEALTH SYSTEM Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 500 S MAIN STREET City or town, state or country, and ZIP + 4 ORANGE, CA 928684507	D Employer identification number 95-3589356 E Telephone number (714) 347-7500 G Gross receipts \$ 237,528,827
	F Name and address of principal officer DEBORAH PROCTOR 500 S MAIN ST ORANGE, CA 928684507	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.STJHS.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1981		
M State of legal domicile CA		

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE ARE COMMITTED TO EXTENDING THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
7b Net unrelated business taxable income from Form 990-T, line 34	

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,094	269,451
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,523,629	217,438,641
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,939,686	10,888,512
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,870,292	8,932,223
		91,351,701	237,528,827
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,057,155	3,941,199
	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)	53,782,806	123,210,079
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,241,453		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	36,785,798	105,182,936
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	94,625,759	232,334,214
	19 Revenue less expenses Subtract line 18 from line 12	-3,274,058	5,194,613
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,693,408,761	1,666,716,085
	21 Total liabilities (Part X, line 26)	1,629,527,518	1,593,375,846
	22 Net assets or fund balances Subtract line 21 from line 20	63,881,243	73,340,239

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		2012-04-27			
	Date					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 18111 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612					Phone no ▶ (949) 794-2300

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

SEE SCHEDULE O

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 \$ 181,979,028 including grants of \$ 3,941,199) (Revenue \$ 226,872,953)

SEE SCHEDULE O

4b

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

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 \$ 181,979,028

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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes	
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 Yes	
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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
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	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	332	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
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	706
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	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
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	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization 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	15	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	DARRIN MONTALVO 500 S MAIN STREET SUITE 1000 ORANGE, CA 92868 (714) 347-7500

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

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

Form **990** (2010)

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)								19,080,426	0	1,201,835

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▶168

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 Yes

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? 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
DELOITTE CONSULTING LLP 4022 SELLS DRIVE HERMITAGE, TN 37076	CONSULTING	6,448,118
POLSINELLI SHUGHART PC 700 WEST 47TH STREET SUITE 1000 KANSAS CITY, MO 64112	LEGAL	4,528,627
SIMPLER NORTH AMERICA LP PO BOX 36 BLOOMFIELD, IA 52537	CONSULTING	3,426,246
NAVIN HAFFTY ASSOCIATES LLC 200 CORDWAINER DRIVE SUITE 100 NORWELL, MA 02061	LEGAL	3,017,040
DENMARK SHANNON ROLAND PO BOX 1582 APPLE VALLEY, CA 92307	CONSTRUCTION	2,876,081

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 ▶57

Part VIII

Statement of Revenue

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	269,451			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f ▶	269,451			
	Program Service Revenue	2a	Business Code		
SUPPORT AND SERVICE REVENUE		561110	213,223,968	213,223,968	
b COLLECTION SERVICE REVENUE		561110	3,513,447	3,513,447	
c MANAGEMENT FEES FROM TAX-EXEMPT ORGS		561110	699,996	699,996	
d ALL OTHER PROGRAM SERVICE REVENUE		900099	1,230	1,230	
e					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		217,438,641			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▶		10,888,512	
	4 Income from investment of tax-exempt bond proceeds . . ▶		0		
	5 Royalties ▶		0		
	6a Gross Rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶		0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events . . ▶		0		
	9a Gross income from gaming activities See Part IV, line 19 . a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities . . ▶		0		
	10a Gross sales of inventory, less returns and allowances .				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory . . ▶		0		
	Miscellaneous Revenue	Business Code			
11a REBATES AND REFUNDS	561110	5,165,241	5,165,241		
b ASSET RETIREMENT-LIABILITY ADJ	900099	3,153,681	3,153,681		
c EXPENSE REIMBURSEMENTS	561110	1,115,390	1,115,390		
d All other revenue		-502,089			-502,089
e Total. Add lines 11a-11d ▶		8,932,223			
12 Total revenue. See Instructions ▶		237,528,827	226,872,953		10,386,423

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	3,941,199	3,941,199		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	18,149,221	11,371,837	6,777,384	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	416,772		416,772	
7	Other salaries and wages	55,356,519	43,153,550	11,510,758	692,211
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,530,664	2,122,649	366,025	41,990
9	Other employee benefits	43,121,283	31,227,206	11,524,708	369,369
10	Payroll taxes	3,635,620	2,717,760	879,388	38,472
a	Fees for services (non-employees) Management	0			
b	Legal	188,508	94,254	94,254	
c	Accounting	3,612,609		3,612,609	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	25,716,114	18,294,675	7,412,962	8,477
12	Advertising and promotion	0			
13	Office expenses	6,476,323	5,559,838	908,252	8,233
14	Information technology	35,845,959	35,425,115	420,844	
15	Royalties	0			
16	Occupancy	2,710,842	1,899,321	810,788	733
17	Travel	2,754,684	1,749,066	968,377	37,241
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,330,610	297,064	1,032,595	951
20	Interest	2,302,321	1,795,810	506,511	
21	Payments to affiliates	6,597,888	6,597,888		
22	Depreciation, depletion, and amortization	5,357,892	4,179,156	1,178,736	
23	Insurance	7,834,119	7,772,130	61,989	
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	ASSOCIATION DUES	2,720,256	2,720,256		
b	OTHER DUES	590,780	219,309	353,642	17,829
c	ALL OTHER EXPENSES	1,144,031	840,945	277,139	25,947
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	232,334,214	181,979,028	49,113,733	1,241,453
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			246,598,653	2	87,569,892
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			150,000	5	116,667
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,737,738	9	2,732,688
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	120,200,572			
	b	Less: accumulated depreciation	10b	22,359,458	55,876,591	10c	97,841,114
	11	Investments—publicly traded securities			109,254,612	11	179,773,737
	12	Investments—other securities. See Part IV, line 11			37,447,593	12	23,597,949
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			35,421,000	14	35,421,000
	15	Other assets. See Part IV, line 11			1,205,922,574	15	1,239,663,038
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,693,408,761	16	1,666,716,085	
Liabilities	17	Accounts payable and accrued expenses			166,495,207	17	196,071,834
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			1,255,831,343	20	1,226,832,875
	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			119,200,000	23	68,700,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			88,000,968	25	101,771,137
	26	Total liabilities. Add lines 17 through 25			1,629,527,518	26	1,593,375,846
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			63,262,617	27	72,774,408
	28	Temporarily restricted net assets			618,626	28	565,831
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			63,881,243	33	73,340,239
	34	Total liabilities and net assets/fund balances			1,693,408,761	34	1,666,716,085

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	237,528,827
2	Total expenses (must equal Part IX, column (A), line 25)	2	232,334,214
3	Revenue less expenses Subtract line 2 from line 1	3	5,194,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,881,243
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,264,383
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	73,340,239

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

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 ST JOSEPH HEALTH SYSTEM	Employer identification number 95-3589356
---	--

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other
- e

☒

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) ST JOSEPH HEALTH MINISTRY	271666576	01	Yes		Yes		Yes		0
Total									0

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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

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

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

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

Part IV

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

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 ST JOSEPH HEALTH SYSTEM	Employer identification number 95-3589356
---	--

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

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

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

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		3,169
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		9,429
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			12,598
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B	DURING THE PAST YEAR, THE ST JOSEPH HEALTH SYSTEM HAS CONDUCTED AN ADVOCACY EFFORT WHICH INCLUDED SOME LOBBYING ACTIVITY. THESE INCLUDED MEETING WITH LOCAL, STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization ST JOSEPH HEALTH SYSTEM	Employer identification number 95-3589356
---	--

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?	
	<div>Yes</div> <div>No</div>	
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	
	<div>Yes</div> <div>No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

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

8

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

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,230,000		11,230,000
b Buildings		25,300,562	11,579,261	13,721,301
c Leasehold improvements		6,199,348	2,959,820	3,239,528
d Equipment		19,995,906	7,820,377	12,175,529
e Other		57,474,756		57,474,756
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				97,841,114

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
CONSOLIDATED AUDIT FOOTNOTE FOR FIN 48 (ASC 740)	SCHEDULE D, PART X, LINE 2	ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY OR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT JUNE 30, 2011 OR 2010.

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
ACCOUNTING METHOD	SCHEDULE F, PART I, LINE 3, COLUMN F	THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN F SCHEDULE F, PART I, LINE 3, #2 EL SALVADOR/GUATEMALA PILGRIMAGE

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
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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

12

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2	DONATIONS TO OTHER ORGANIZATIONS ARE APPROVED BY MANAGEMENT TO ENSURE THEY SUPPORT THE MISSION OF THE ST JOSEPH HEALTH SYSTEM NO FOLLOW UP MONITORING IS CONDUCTED THE DONATION TO ST JOSEPH HOSPITAL OF EUREKA WAS GIVEN TO MATCH THEIR CAPITAL CAMPAIGN AND WAS APPROVED BY THE SJHS BOARD

Software ID:
Software Version:
EIN: 95-3589356
Name: ST JOSEPH HEALTH SYSTEM

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 JOSEPH HOSPITAL OF EUREKA2700 DOLBEER ST EUREKA,CA 95501	95-1156596	501(C)(3)	3,277,751				PROGRAM SUPPORT
VOLUNTEER CENTER ORANGE COUNTY1901 E FOURTH STREET SANTA ANA,CA 92705	95-2021700	501(C)(3)	250,000				PROGRAM SUPPORT

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
MERCY HOUSING1999 BROADWAY SUITE 1000 DENVER,CO 80202	47-0646706	501(C)(3)	150,000				PROGRAM SUPPORT
THE FED OF THE CONGREGATIONS OF SISTERS ST JOSEPH11 DAVIS STREET BELMONT,MA 02478	43-1519323	501(C)(3)	55,000				PROGRAM SUPPORT

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
CALIFORNIA INSTITUTE FOR NURSING663 13TH STREET STE 300 OAKLAND,CA 94612	82-0570413	501(C)(3)	50,000				PROGRAM SUPPORT
LATINO HEALTH ACCESS 450 W 4TH ST STE 130 SANTA ANA,CA 92701	33-0562943	501(C)(3)	27,500				PROGRAM SUPPORT

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
SISTERS OF ST JOSEPH OF ORANGE480 S BATAVIA ORANGE,CA 92868	95-1643383	501(C)(3)	17,250				PROGRAM SUPPORT
TALLER SAN JOSE801 N BROADWAY SANTA ANA,CA 92701	59-3816355	501(C)(3)	15,000				PROGRAM SUPPORT

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
OC HUMAN RELATIONS 1300 S GRAND AVE BLDG B SANTA ANA,CA 92705	33-0438086	501(C)(3)	10,000				PROGRAM SUPPORT
COVENANT HEALTH SYSTEM FOUNDATION 4000 24TH STREET LUBBOCK,TX 79410	95-2897026	501(C)(3)	10,000				PROGRAM SUPPORT

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
SHARE OUR SELVES1550 SUPERIOR AVENUE COSTA MESA,CA 92627	95-3222316	501(C)(3)	10,000				PROGRAM SUPPORT
BETHANY480 S BATAVIA ORANGE,CA 92856	95-1643383	501(C)(3)	7,699				PROGRAM SUPPORT

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
MATER DEI HIGH SCHOOL 1202 WEDINGER AVENUE SANTA ANA, CA 92707	95-1648193	501(C)(3)	5,500				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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	Yes
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 IIISupplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART 1, LINE 1A	ST JOSEPH HEALTH SYSTEM ALLOWS FOR COMPANION TRAVEL TO CERTAIN PRE-APPROVED, MINISTRY SPONSORED EVENTS. COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION IN MOST CASES. IN THE CASE THAT COMPANION TRAVEL IS NOT TAXABLE COMPENSATION, THE INDIVIDUAL IS PROVIDING A SERVICE TO THE HEALTH SYSTEM AS A REPRESENTATIVE WITH KNOWLEDGE OF THE COMMUNITIES AND MINISTRIES WE SERVE. THE FOLLOWING TRUSTEE AND OFFICER RECEIVED A BENEFIT FOR COMPANION TRAVEL THAT WAS INTENDED TO BE COMPENSATION: HENRY WALKER - \$306. THE HEALTH SYSTEM GROSSES UP PAYMENTS FOR LIMITED APPROVED EXPENDITURES. EXECUTIVES RECEIVE A PERCENTAGE OF BASE COMPENSATION FOR DISCRETIONARY SPENDING. THESE AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION. THE HEALTH SYSTEM ALLOWS FOR PAYMENT OF HEALTH AND SOCIAL CLUBS USED FOR BUSINESS ACTIVITY. SUCH EXPENDITURES ARE NOT CONSIDERED TAXABLE COMPENSATION.
SCHEDULE J, PART I LINE 4A		THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FOR EITHER PART OR ALL OF THE YEAR: MELINDA CLARK - \$367,265; ADRIANA LYNCH - \$331,816; GEORGE PEREZ - \$317,152.
SCHEDULE J, PART I LINE 4B		EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F). THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007, AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN. THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE 457(F) PLAN: PETER BASTONE - \$37,980; DENNIS SISTO - \$21,372; CLARENCE BURKE - \$54,085; JAMES MCMANUS - \$44,388. ST JOSEPH HEALTH SYSTEM EXECUTED A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT PLAN AGREEMENT WITH DEBORAH PROCTOR, CHIEF EXECUTIVE OFFICER. OTHER DEFERRED COMPENSATION INCLUDES \$284,836 FOR THE CURRENT YEAR VESTING. THE PLAN VESTS FROM HER HIRE DATE OF NOVEMBER 2004 THROUGH DECEMBER 2013.
SCHEDULE J, PART I LINE 7		A PORTION OF THE EXECUTIVE'S SALARY IS PLACED "AT-RISK" AND IS NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

Software ID:

Software Version:

EIN: 95-3589356

Name: ST JOSEPH HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HENRY WALKER	(i) (ii)	259,687 0	0 0	0 0	0 0	0 0	259,687 0	0 0
DEBORAH A PROCTOR	(i) (ii)	1,043,102 0	426,987 0	257,256 0	296,978 0	13,900 0	2,038,223 0	0 0
DARRIN MONTALVO	(i) (ii)	498,761 0	177,176 0	243,912 0	21,629 0	28,866 0	970,344 0	0 0
SUSAN WHITTAKER	(i) (ii)	414,675 0	143,109 0	206,414 0	22,023 0	33,795 0	820,016 0	0 0
JOSEPH RANDOLPH	(i) (ii)	710,258 0	241,550 0	339,117 0	22,031 0	28,698 0	1,341,654 0	0 0
ELLIOT STERNBERG	(i) (ii)	513,547 0	174,566 0	246,368 0	17,102 0	19,747 0	971,330 0	0 0
WILLIAM MURIN	(i) (ii)	482,546 0	163,542 0	212,289 0	7,350 0	9,483 0	875,210 0	0 0
PETER BASTONE	(i) (ii)	422,410 0	162,636 0	261,351 0	17,149 0	38,575 0	902,121 0	37,980 0
DENNIS SISTO	(i) (ii)	395,384 0	152,551 0	234,336 0	22,024 0	18,423 0	822,718 0	21,372 0
CLARENCE BURKE	(i) (ii)	369,115 0	124,998 0	229,779 0	17,001 0	14,015 0	754,908 0	54,085 0
LEE PENROSE	(i) (ii)	395,460 0	158,748 0	161,678 0	17,079 0	21,583 0	754,548 0	0 0
CLYDE WESP	(i) (ii)	383,643 0	130,820 0	143,856 0	9,770 0	13,803 0	681,892 0	0 0
KEVIN KLOCKENGA	(i) (ii)	350,926 0	137,694 0	128,440 0	9,769 0	27,266 0	654,095 0	0 0
JOSEPH MARK	(i) (ii)	358,017 0	141,332 0	106,861 0	9,769 0	24,144 0	640,123 0	0 0
ANNETTE WALKER	(i) (ii)	369,652 0	122,580 0	101,342 0	9,201 0	33,799 0	636,574 0	0 0
LAWRENCE STOFKO	(i) (ii)	317,552 0	110,323 0	151,660 0	16,775 0	33,517 0	629,827 0	0 0
RICHARD PARKS	(i) (ii)	378,190 0	97,587 0	100,907 0	0 0	8,649 0	585,333 0	0 0
JASON BARKER	(i) (ii)	316,797 0	105,138 0	142,797 0	9,800 0	14,206 0	588,738 0	0 0
SHANNON DWYER	(i) (ii)	311,372 0	107,392 0	141,324 0	17,139 0	31,012 0	608,239 0	0 0
RYAN FAULKNER	(i) (ii)	267,073 0	63,887 0	75,214 0	9,443 0	21,882 0	437,499 0	0 0
LARRY AINSWORTH	(i) (ii)	398,610 0	206,901 0	160,031 0	19,564 0	21,571 0	806,677 0	0 0
AZHAR QURESHI	(i) (ii)	347,470 0	118,028 0	165,150 0	16,999 0	14,003 0	661,650 0	0 0
STEPHEN GILBERT	(i) (ii)	326,984 0	99,931 0	139,291 0	22,018 0	28,788 0	617,012 0	0 0
JAMES MCMANUS	(i) (ii)	287,715 0	78,560 0	183,803 0	17,135 0	30,363 0	597,576 0	44,388 0
JOANN ESCASA-HAIGH	(i) (ii)	315,643 0	114,616 0	90,776 0	9,772 0	34,227 0	565,034 0	0 0
MELINDA CLARK	(i) (ii)	0 0	0 0	367,265 0	0 0	0 0	367,265 0	0 0
ADRIANA LYNCH	(i) (ii)	0 0	0 0	331,816 0	0 0	0 0	331,816 0	0 0
GEORGE PEREZ	(i) (ii)	0 0	0 0	317,152 0	0 0	0 0	317,152 0	0 0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132035072

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2009	52-1643828	13033LCN5	08-27-2009	426,930,280	SEE PART V		X		X		X
B CALIFORNIA STATEWIDE COMMUNITIES DEV AUTH 2007	68-0164610	130795CX3	04-18-2007	494,550,000	SEE PART V		X		X		X
C LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008A	52-1313557	549208DX1	05-15-2008	51,500,000	SEE PART V		X		X		X
D LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008B	52-1313557	549208DY9	06-19-2008	136,185,000	SEE PART V		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	340,000		13,400,000		3,450,000		20,180,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	426,930,280		503,314,075		51,500,000		136,185,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		1,965,796		0		0	
6	Proceeds in refunding escrow	0		0		0		0	
7	Issuance costs from proceeds	4,480,280		3,420,712		0		602,023	
8	Credit enhancement from proceeds	0		7,471,224		0		1,035,827	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	180,000,000		417,563,109		0		0	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2008		2004		1998	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 000 %		1 600 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 200 %		0 200 %					
6	Total of lines 4 and 5	1 200 %		1 800 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	MORGAN STANLEY SVCS							
c	Term of hedge	25						25	
d	Was the hedge superintegrated?		X						X
e	Was a hedge terminated?		X						X
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X	X			X		X

Part VSupplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F		A THE PROCEEDS DERIVED FROM THE SALE OF THE 2009A BONDS ARE TO BE USED TO FUND CERTAIN COSTS OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$180,000,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, ST JOSEPH HOSPITAL OF EUREKA, AND ST JUDE MEDICAL CENTER THE ORIGINAL ISSUE DATE WAS AUGUST 27, 2009 THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE ALSO TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JANUARY 29, 2004 & REFUNDED MAY 15, 2008 & REFUNDED AGAIN AUGUST 27,2009 B THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO FUND CERTAIN COSTS OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$255,000,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, QUEEN OF THE VALLEY MEDICAL CENTER, ST JUDE MEDICAL CENTER, ST JOSEPH HOSPITAL (ORANGE), ST MARY REGIONAL MEDICAL CENTER AND SANTA ROSA MEMORIAL HOSPITAL THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE ALSO TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY CERTIFICATES OF PARTICIPATION ORIGINALLY EXECUTED AND DELIVERED ON OCTOBER 22, 1997 C THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION ("LHFDC") INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JUNE 30, 2000 D THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LHFDC INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON DECEMBER 1, 1998
SCHEDULE K, PART II, LINE 3		B THE DIFFERENCE FROM THE BOND ISSUE PRICE IN PART I, COLUMN (E) IS DUE TO INTEREST EARNED ON THE PROJECT FUNDS PRIOR TO FINAL ALLOCATION OF PROCEEDS
SCHEDULE K, PART IV, LINE 2		B THE BONDS WERE CONVERTED FROM A VARIABLE RATE TO A FIXED RATE IN MARCH OF 2008 C THE BONDS WERE CONVERTED FROM A VARIABLE RATE TO A FIXED RATE IN AUGUST OF 2009

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I

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

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

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

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

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

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) LAWRENCE STOFKO RELOCATION		X	50,000	50,000		No	Yes		Yes	
(2) KEVIN KLOCKENGA RELOCATION		X	100,000	66,667		No	Yes		Yes	
Total ▶ \$					116,667					

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

Part V

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

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

ST JOSEPH HEALTH SYSTEM

Employer identification number

95-3589356

Identifier	Return Reference	Explanation
A MENDED RETURN	FORM 990, BOX B	THIS RETURN HAS BEEN A MENDED TO INCLUDE ATTACHMENT 7 FOR THE FORM 5471

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM, THE SJHS SYSTEM OFFICE IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>REALIZING OUR MISSION THE SJHS SYSTEM OFFICE IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE. THIS MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO. THE SISTERS OF ST JOSEPH OF ORANGE TRACE THEIR ROOTS BACK TO 17TH CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED JEAN-PIERRE MEDAILLE. HE SOUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN REMAINING SAFELY CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE DEAR NEIGHBORS" AND MINISTER TO THEIR NEEDS. THE CONGREGATION MANAGED TO SURVIVE THE TURBULENCE OF THE FRENCH REVOLUTION AND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THROUGHOUT THE WORLD. IN 1912 A SMALL GROUP OF SISTERS OF ST JOSEPH WENT TO EUREKA, CALIFORNIA, AT THE INVITATION OF THE LOCAL BISHOP, TO ESTABLISH A SCHOOL. A FEW YEARS LATER, THE GREAT INFLUENZA EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATION EFFORTS TO CARE FOR THE ILL. THEY REALIZED IMMEDIATELY THAT THE SMALL COMMUNITY DESPERATELY NEEDED A HOSPITAL. THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBILITY IN 1920, THE SISTERS OPENED THE 28-BED ST JOSEPH HOSPITAL OF EUREKA, THE FIRST ST JOSEPH HEALTH SYSTEM MINISTRY. TODAY THE ST JOSEPH HEALTH SYSTEM IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SPONSORED BY THE ST JOSEPH HEALTH MINISTRY. SJHS IS ORGANIZED INTO THREE REGIONS: NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA AND WEST TEXAS/EAST NEW MEXICO AND SERVES A DIVERSE POPULATION ESTIMATED AT 7 MILLION. THE SYSTEM INCLUDES THE SYSTEM OFFICE LOCATED IN ORANGE, CALIFORNIA, 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS. THREE MISSION OUTCOMES ALONGSIDE THE ENTIRE ST JOSEPH HEALTH SYSTEM, THE SJHS SYSTEM OFFICE IS COMMITTED TO THREE SYSTEMWIDE MISSION OUTCOMES. EVERY INTERACTION WILL BE EXPERIENCED AS A SACRED ENCOUNTER. THE GOAL OF SACRED ENCOUNTER HAS A DIRECT CONNECTION TO THE OVERALL MISSION. OUR VALUE OF DIGNITY CALLS FOR US TO RESPECT EACH PERSON AS AN INHERENTLY VALUABLE MEMBER OF THE HUMAN COMMUNITY AND AS A UNIQUE EXPRESSION OF LIFE. WE STRIVE TO DO THIS BY KEEPING AT THE FOREFRONT OF OUR MINDS THE UNDERSTANDING OF THE IMPACT WE CAN HAVE ON ONE ANOTHER WITH EVERY ACTION WE TAKE. ALL PATIENTS WILL RECEIVE PERFECT CARE. IT IS OUR ATTENTION TO DETAIL AND THE SMALLEST IMPERFECTIONS OF EACH PATIENT'S EXPERIENCE THAT DRIVES A DEEPER UNDERSTANDING AND ULTIMATELY A SUSTAINABLE APPROACH TO THE ACHIEVEMENT OF PERFECT CARE. THE COMMUNITIES WE SERVE WILL BE AMONG THE HEALTHIEST IN OUR NATION. WE SEEK TO DEVELOP COMMUNITY HEALTH INITIATIVES THAT IMPACT LONG-TERM HEALTH ACROSS THE ENTIRE COMMUNITY. WHAT ARE THE STEPS WE ARE TAKING TO REACH THIS GOAL? WE COLLECT AND ANALYZE DATA ON VARIOUS DEMOGRAPHIC, SOCIOECONOMIC, MORBIDITY AND HEALTH RELATED BEHAVIORS IN THE COMMUNITIES WE SERVE. BY COLLECTING COMMUNITY HEALTH DATA, WE ARE ABLE TO SHARE OUR FINDINGS WITH OTHER COMMUNITY ORGANIZATIONS AND DEVELOP EVIDENCE-BASED INITIATIVES AND PROGRAMS IN THE COMMUNITIES WE SERVE.</p>

Identifier	Return Reference	Explanation
FY11 PROGRAM SERVICE ACCOMPLISHMENTS		<p>THE OVERALL GOAL OF HEALTHY FOR LIFE IS TO DECREASE THE PREVALENCE OF CHILDREN AND ADOLESCENTS WHO ARE OVERWEIGHT OR OBESE. KEY PARTNERS: SOUTHERN CALIFORNIA: ST. JUDE MEDICAL CENTER, ST. JOSEPH HOSPITAL ORANGE, MISSION HOSPITAL- LAGUNA BEACH AND MISSION VIEJO, ST. MARY MEDICAL CENTER. NORTHERN CALIFORNIA: QUEEN OF THE VALLEY MEDICAL CENTER, ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY, ST. JOSEPH HEALTH SYSTEM-SONOMA COUNTY, ST. JOSEPH HEALTH SYSTEM FOUNDATION, AND LOCAL SCHOOL DISTRICTS IN NORTHERN AND SOUTHERN CALIFORNIA SERVICE AREAS.</p> <p>ACCOMPLISHMENTS: CHILDHOOD OBESITY HAS INCREASED CONSIDERABLY IN THE PAST 30 YEARS. THE CENTERS FOR DISEASE CONTROL AND PREVENTION ASSERT THAT OBESITY RATES FOR CHILDREN AGED 6 TO 11 YEARS INCREASED FROM 6.5% IN 1980 TO 19.6% IN 2008. IN THE SAME TIMEFRAME, THE PREVALENCE AMONG ADOLESCENTS AGED 12 TO 19 YEARS INCREASED FROM 5.0% TO 18.1%. ACCORDING TO THE 2009 CALIFORNIA HEALTH INTERVIEW SURVEY PUBLISHED BY THE UCLA CENTER FOR HEALTH POLICY RESEARCH, 28.6% OF ADOLESCENTS AND 11.2% OF CHILDREN ARE OVERWEIGHT OR OBESE IN THE STATE OF CALIFORNIA. THE CAUSAL PATHWAYS OF OBESITY ARE MULTIFACETED AND ALTHOUGH SEDENTARY LIFESTYLES AND EXCESS CALORIC INTAKE ARE THE PRIMARY DRIVERS OF THE EPIDEMIC, THESE ARE MEDIATED BY GENETIC, SOCIOECONOMIC, AND ENVIRONMENTAL VARIABLES. SEVERAL INFLUENCING FACTORS INCLUDE: THE PERCEPTION OF UNSAFE STREETS, MORE TIME SPENT ON COMPUTERS AND WATCHING TELEVISION, GREATER RELIANCE ON THE AUTOMOBILE FOR TRANSPORTATION, LACK OF SAFE AND WELCOMING OPPORTUNITIES FOR WALKING AND BICYCLING, THE INFLUENCE OF ADVERTISING MEDIA TO CONSUME HIGH FAT AND HIGH SUGAR PRODUCTS, AND THE TENDENCY OF THOSE WITH LOW INCOMES TO CONSUME INEXPENSIVE BUT CALORIE RICH FOODS.</p> <p>THE OVERALL GOAL OF THE HEALTHY FOR LIFE PROGRAM IS TO DECREASE THE PREVALENCE OF CHILDREN AND ADOLESCENTS WHO ARE OVERWEIGHT OR OBESE. THE LINK BETWEEN AN UNHEALTHY WEIGHT STATUS AND CHRONIC DISEASES SUCH AS TYPE II DIABETES AND PREMATURE CARDIOVASCULAR DISEASE IS WELL ESTABLISHED. RESEARCH ALSO SUGGESTS THAT INDIVIDUALS WHO ARE OVERWEIGHT OR OBESE ARE AT GREATER RISK FOR PSYCHOLOGICAL DISTRESS INCLUDING DEPRESSION, POOR SELF-ESTEEM AND LONELINESS. HEALTHY FOR LIFE WAS DEVELOPED TO ADDRESS BOTH THE PHYSICAL AND PSYCHOLOGICAL IMPACTS OF CHILDHOOD OBESITY. THE PROGRAM'S OBJECTIVES INVOLVE TEACHING THE STUDENTS SKILLS AND PROVIDING THEM WITH TOOLS THAT WILL ENABLE THEM TO DEVELOP HEALTHIER LIFESTYLE HABITS.</p> <p>THE PHYSICAL AND NUTRITION EDUCATION COMPONENTS ARE SPECIFICALLY TAILORED FOR CHILDREN IN PRESCHOOL AND ELEMENTARY SCHOOL AND FOR ADOLESCENTS IN MIDDLE AND HIGH SCHOOLS. THE PHYSICAL EDUCATION COMPONENT TEACHES STUDENTS THE IMPORTANCE OF BEING PHYSICALLY ACTIVE. THE SPORTS, PLAY AND ACTIVE RECREATION FOR KIDS (SPARK) CURRICULUM IS USED FOR THE PRESCHOOL AND ELEMENTARY STUDENTS WITH LESSONS INCORPORATED INTO THEIR SCHOOL DAY. GAME CONES, NYLON ROPE, SCOOTERS, BEACH BALLS, FOAM AND KOOSH BALLS, PADDLES, HOOPS, A 20-FOOT PARACHUTE AND A CRAWL TUNNEL ARE SUPPLIED TO THE YOUNGER STUDENTS AS PART OF THE SPARK CURRICULUM. FOR THE MIDDLE AND HIGH SCHOOL STUDENTS, THE PROGRAM IS OFFERED AS A GRADED PHYSICAL EDUCATION (PE) CLASS AND THE FITNESS FOR LIFE TEXTBOOK IS USED AS A BASE FOR THE CURRICULUM. THE FITNESS EQUIPMENT FOR MIDDLE AND HIGH SCHOOLS INCLUDES BODY BARS, DUMB BELLS, JUMP ROPES, LOWER BODY BANDS, EXERCISE TUBING AND EXERCISE BALLS. AS PART OF THE PHYSICAL ACTIVITY CURRICULUM, A CERTIFIED KICKBOXING INSTRUCTOR LEADS A KICKBOXING WORKOUT SESSION TWICE A MONTH FOR THE STUDENTS. EACH SCHOOL IS PROVIDED WITH THE FITNESS EQUIPMENT REQUIRED FOR THE PROGRAM AT NO COST.</p> <p>THE NUTRITION EDUCATION COMPONENT OF THE PROGRAM IS INCORPORATED INTO THE PE CLASS AND AIMS TO EQUIP THE STUDENTS WITH KNOWLEDGE THAT WILL ENABLE THEM TO MAKE HEALTHIER EATING AND LIFESTYLE CHOICES. IN ADDITION TO THE CLASS, A REGISTERED DIETICIAN PROVIDES TWO HOUR-LONG NUTRITION PRESENTATIONS TO THE STUDENTS AFTER SCHOOL. FOR PRESCHOOL AND ELEMENTARY STUDENTS THE PRESENTATIONS ARE SPECIFICALLY TARGETED FOR THEIR PARENTS WHO ARE ENCOURAGED TO ATTEND THE LECTURES, OFFERED IN ENGLISH AND SPANISH. THE LESSONS AND LECTURES ARE BASED ON A VARIETY OF TOPICS INCLUDING THE IMPORTANCE OF EATING BREAKFAST DAILY, INCREASING VEGETABLE AND FRUIT CONSUMPTION, METHODS ON HOW TO PREPARE HEALTHIER CULTURAL MEALS, MINIMIZING THE CONSUMPTION OF FOODS THAT ARE HIGH IN FAT AND SUGAR, EATING OUT HEALTHY, HOW TO READ A NUTRITION LABEL, AND PORTION DISTORTION. MIDDLE AND HIGH SCHOOL STUDENTS ARE ALSO ENCOURAGED TO INPUT THEIR ACTIVITY AND FOOD LOGS INTO THE PROGRAM WEBSITE (HTTP://WWW.HEALTHYFORLIFE.ORG) AVAILABLE IN SPANISH AND ENGLISH. A LAPTOP COMPUTER IS PROVIDED TO EACH PARTICIPATING MIDDLE AND HIGH SCHOOL TO ENSURE ACCESS TO A COMPUTER. WEEKLY NUTRITION TIPS ARE ALSO SHARED WITH THE STUDENTS AND THEIR FAMILIES AT SCHOOL.</p> <p>THE HEALTHY FOR LIFE PROGRAM IS INNOVATIVE AND CREATIVE IN ADDRESSING THE COMMUNITY ISSUE OF CHILDHOOD OBESITY. AS PART OF THE PHYSICAL ACTIVITY</p>

Identifier	Return Reference	Explanation
FY11 PROGRAM SERVICE ACCOMPLISHMENTS		<p>COMPONENT, FITNESS INSTRUCTORS LEAD STUDENTS IN EXERCISE ROUTINES SUCH AS KICKBOXING AND ZUMBA. FURTHERMORE, THE CULTURALLY-RESPONSIVE PROGRAM ALLOWS FOR COMMUNITY ADAPTABILITY TO SERVE DISTINCTIVE GEOGRAPHIC AND DEMOGRAPHIC MAKE-UPS. TO DATE, OVER 10,000 STUDENTS HAVE BEEN IMPACTED BY THE HEALTHY FOR LIFE PROGRAM. OVER 50% OF THE STUDENTS ARE OF HISPANIC ORIGIN AND MORE THAN 80% OF THE STUDENTS ARE ENROLLED IN TITLE I SCHOOLS ACROSS THE STATE, WHICH ARE SCHOOLS WHERE 40% OF ENROLLMENT CONSISTS OF CHILDREN FROM LOW-INCOME FAMILIES. ADDITIONALLY, THE INITIATIVE HAS INCREASED COMMUNITY LINKAGES BETWEEN PHYSICIANS AND SCHOOL DISTRICTS. THESE LINKAGES HAVE RESULTED IN A CULTURAL SHIFT WITH PARTICIPATING SCHOOL TEACHERS, STAFF, STUDENTS AND THEIR COMMUNITY TOWARD A COMMITMENT FOR PHYSICAL ACTIVITY. TO IMPLEMENT THE PROGRAM, SJHS AND ITS ENTITIES HAVE PARTNERED WITH SCHOOLS AND SCHOOL DISTRICTS IN THE COMMUNITIES THEY SERVE AS WELL AS THE UNIVERSITY OF CALIFORNIA-IRVINE. CALIFORNIA STATE UNIVERSITY OF FULLERTON HAS ALSO SUPPORTED THE PROGRAM THROUGH THE PROVISION OF INTERNS. RADIO DISNEY HAS BEEN VERY INVOLVED WITH THE PROGRAM BY LAUNCHING SCHOOL ASSEMBLIES, VARIOUS COMMUNITY EVENTS, AND PROMOTING THE PROGRAM ON THEIR RADIO STATION RADIO DISNEY AM 1110. FUNDING WAS ALSO PROVIDED BY FIRST FIVE TO FURTHER EXPAND THE PROGRAM TO PRESCHOOLS IN THE HIGH DESERT REGION OF SAN BERNARDINO COUNTY. SINCE 2008, THE SJHS AND SJHS FOUNDATION HAVE INVESTED OVER \$3 MILLION TO MAXIMIZE HEALTHY FOR LIFE'S IMPACT BY EXPANDING THE CURRICULUM TO PRE-SCHOOL, ELEMENTARY, JUNIOR HIGH AND HIGH SCHOOLS THROUGHOUT THE STATE OF CALIFORNIA.</p> <p>BODY MASS INDEX (BMI) DATA WAS COMPLETED FOR 2,087 STUDENTS. THE PERCENT OF STUDENTS WHO WERE OVERWEIGHT OR OBESE AT BASELINE AND YEAR END WAS 28.7% (599) AND 31% (645), RESPECTIVELY. OF THOSE WHO WERE OVERWEIGHT AT BASELINE (N=151), 57% DECREASED TO A HEALTHY WEIGHT, 38.4% MAINTAINED THIS STATUS AND 4.6% INCREASED TO OBESE BY YEAR END. OF THOSE WHO WERE OBESE AT BASELINE (N=448), 9.6% DECREASED TO A HEALTHY WEIGHT, 1.8% DECREASED TO OVERWEIGHT AND THE REMAINING 88.6% MAINTAINED THE OBESE STATUS BY YEAR END. AVERAGE BMI FOR STUDENTS WHO WERE OVERWEIGHT OR OBESE AT BASELINE DECREASED BY 0.32 FROM BASELINE TO YEAR END ($P < .001$). IN TERMS OF THE LIFESTYLE CHOICES, RESULTS INDICATE THAT THE STUDENTS ARE ENGAGING IN HEALTHIER BEHAVIORS. MORE STUDENTS ARE REPORTING SIXTY MINUTES OF PHYSICAL ACTIVITY AT LEAST THREE TIMES WEEKLY AT YEAR END COMPARED TO BASELINE, 87% VS. 78%, RESPECTIVELY. AT YEAR END, 28% OF THE STUDENTS REPORTED EATING FRUITS AND VEGETABLES SIX OR MORE DAYS PER WEEK COMPARED TO 24% AT BASELINE. WHOLE MILK CONSUMPTION DECLINED FROM 22% AT BASELINE TO 16% AT YEAR END. FEWER STUDENTS REPORTED EATING JUNK FOOD AT LEAST SIX DAYS PER WEEK AT THE END OF THE YEAR (9% VS. 13%). THE PERCENTAGE OF PRE-SCHOOL AND KINDERGARTEN STUDENTS WHO ANSWERED FIVE OF THE SIX QUESTIONS ON HEALTHY FOOD CHOICES INCREASED SIGNIFICANTLY FROM 12% TO 27%. FEWER STUDENTS CATEGORIZED AS OVERWEIGHT OR OBESE ARE REPORTING DAILY SCREEN TIME GREATER THAN TWO HOURS AT THE END OF THE SCHOOL YEAR COMPARED TO THE START (20% VS. 35%, RESPECTIVELY).</p>

Identifier	Return Reference	Explanation
OUTCOMES		<p>ALL PARTICIPANTS ARE ASSESSED TWICE OVER THE COURSE OF THE SCHOOL YEAR, PRIOR TO THE START OF THE PROGRAM AND AT YEAR END DURING THESE ASSESSMENTS, REGISTERED DIETICIANS COLLECT ANTHROPOMETRIC DATA BASED ON A STANDARD PROTOCOL IN ADDITION TO THE PHYSIOLOGICAL MEASUREMENTS, THREE QUESTIONNAIRES ARE USED TO ASSESS THE STUDENTS' LIFESTYLE CHOICES AND THEIR SELF-ESTEEM THE EIGHT-ITEM LIFESTYLE QUESTIONNAIRE USES QUESTIONS FROM PREVIOUSLY VALIDATED RESEARCH AND EXPLORES SCREEN TIME (I.E. HOURS SPENT WATCHING TELEVISION, ON THE COMPUTER, AND PLAYING VIDEO GAMES), DIETARY HABITS (I.E. CONSUMPTION OF FRUITS AND VEGETABLES, JUNK FOOD, AND MILK), PHYSICAL ACTIVITY, AND SEDENTARY BEHAVIORS STUDENTS WHO HAVE SIGNED PARENTAL CONSENT HAVE THE FOLLOWING MEASUREMENTS OBTAINED BY THE ASSESSMENT TEAM MEMBERS HEIGHT, WEIGHT, WAIST CIRCUMFERENCE, AND BMI CALCULATION AT THE PROGRAM'S BEGINNING, MIDDLE, AND END UPON COMPLETION OF THE INITIAL ASSESSMENT, THE PHYSICIAN AND DIETITIAN REVIEW THE MEDICAL FORMS AND IDENTIFY STUDENTS THAT WOULD BENEFIT FROM FURTHER MEDICAL ASSESSMENT A REFERRAL CRITERION INCLUDES OBESE STUDENTS WITH A BMI GREAT THAN OR EQUAL TO 95%, PHYSICAL SIGNS OF ACANTHOSIS NIGRICANS (A SKIN DISCOLORATION THAT IS AN EARLY INDICATOR OF A METABOLIC DISORDER) AND SEVERE ABNORMAL CARDIAC CONCERNS THE PHYSICIAN WILL CALL THE CHILD'S PARENTS AND INFORM THEM OF THE MEDICAL FINDINGS IDENTIFIED DURING THE MEDICAL ASSESSMENT/SCREENING AND REFER THE CHILD TO A MEDICAL HOME FOR FURTHER CARE THE PHYSICIAN WILL PROVIDE A FOLLOW-UP BY CALLING THE CHILD'S FAMILY 8-10 WEEKS LATER TO ENSURE THEY WERE ABLE TO OBTAIN ADDITIONAL MEDICAL EVALUATION BY A PHYSICIAN THE MEASUREMENT DATA IS COLLECTED ON THE SJHS HEALTHY FOR LIFE MEDICAL FORMS THAT ARE UPLOADED INTO A TELEFORM SCANNING DATABASE AND EACH STUDENT IS ASSIGNED A UNIQUE NUMBER TO ENSURE DATA CONFIDENTIALITY THE DATA IS THEN REVIEWED BY SJHS SYSTEM OFFICE STAFF AND STATISTICAL ANALYSES ARE CONDUCTED ON THE PROGRAM OUTCOME MEASURES TO EVALUATE THE PROGRAM'S EFFECTIVENESS A P-VALUE LESS THAN 0.05 INDICATES A STATISTICALLY SIGNIFICANT DIFFERENCE THE SUCCESS OF HEALTHY FOR LIFE IS MEASURED BY THE FOLLOWING OUTCOMES A DECREASE IN BODY MASS INDEX (BMI), AN INCREASE IN SELF-ESTEEM AS MEASURED BY THE ROSENBERG SELF-ESTEEM SCALE, IMPROVEMENT IN LIFESTYLE INDICATORS, AND THE REFERRAL OF STUDENTS WITH ACANTHOSIS NIGRICANS TO MEDICAL CARE THERE WERE 3,709 STUDENTS WHO ENROLLED IN THE PROGRAM DURING THE 2010-2011 SCHOOL YEAR A TOTAL OF 267 (7.2%) STUDENTS WERE FOUND TO HAVE ACANTHOSIS NIGRICANS, ALL WERE SUBSEQUENTLY REFERRED FOR MEDICAL CARE ASSESSMENTS CONDUCTED AT THE BEGINNING OF THE SCHOOL YEAR INDICATED THAT 44% OF THE PARTICIPANTS WERE OVERWEIGHT OR OBESE BY THE END OF THE SCHOOL YEAR, 17.4% OF THESE STUDENTS REDUCED THEIR WEIGHT STATUS TO A HEALTHIER LEVEL (I.E. OVERWEIGHT TO NORMAL AND OBESE TO OVERWEIGHT OR NORMAL) THE ROSENBERG SELF-ESTEEM SCALE RANGES FROM 0-30, WITH NUMBERS BELOW 15 INDICATING LOW SELF-ESTEEM THE PERCENT OF STUDENTS WHO HAD LOW SELF-ESTEEM DECREASED FROM 10% AT BASELINE TO 9% AT YEAR END ALTHOUGH DIFFERENCES IN THIS OUTCOME FROM BASELINE TO YEAR END WERE NOT STATISTICALLY SIGNIFICANT, RESULTS INDICATE THAT STUDENTS ARE IMPROVING FINDINGS ALSO SUGGEST THAT STUDENTS ARE ENGAGING IN HEALTHIER LIFESTYLES FOR INSTANCE, MORE STUDENTS ARE PHYSICALLY ACTIVE WITH 42% AT YEAR END REPORTING EXERCISE FOR SIX OR MORE DAYS A WEEK COMPARED TO A BASELINE OF 30% (P= .000) THE PERCENTAGE OF STUDENTS WHO REPORT EATING FIVE SERVINGS OF FRUITS AND VEGETABLES SIX DAYS OR MORE PER WEEK INCREASED FROM 28% TO 34% FROM BASELINE TO YEAR END (P= .000) FEWER STUDENTS ARE REPORTING THAT THEY PARTICIPATE IN SCREEN TIME FOR MORE THAN TWO HOURS PER DAY (20% VS 23%, P= .002) THE PERCENTAGE OF PRE-SCHOOL AND KINDERGARTEN STUDENTS WHO CORRECTLY ANSWERED AT LEAST FIVE OF THE SIX QUESTIONS ON HEALTHY ACTIVITY CHOICES INCREASED FROM 31.9% TO 38.1% FEWER STUDENTS ARE REPORTING DAILY SCREEN TIME GREATER THAN TWO HOURS AT THE END OF THE SCHOOL YEAR COMPARED TO THE START (19.4% VS 23.2%, RESPECTIVELY) THE STUDENTS IN THE HEALTHY FOR LIFE PROGRAM MADE MANY IMPROVEMENTS OVER THE COURSE OF THE SCHOOL YEAR OVERALL, RESULTS INDICATE THAT BODY MASS INDEX (BMI) DECREASED SIGNIFICANTLY FOR STUDENTS CLASSIFIED AS OVERWEIGHT OR OBESE STUDENTS ALSO DEMONSTRATED SIGNIFICANT IMPROVEMENTS IN SELF-ESTEEM SCORES AND INDICATORS FOR LIFESTYLE BEHAVIOR HEALTHY FOR LIFE HAS IMPORTANT IMPLICATIONS FOR HEALTH PRACTITIONERS THE PROGRAM HAS THE POTENTIAL TO IMPROVE THE HEALTH OF UNDERPRIVILEGED YOUTH WHOSE NEIGHBORHOODS ARE UNSAFE AND OFTEN LACK FACILITIES FOR EXERCISE FURTHERMORE, HEALTHY FOR LIFE PROVIDES A SAFE, ACCESSIBLE, AND EFFECTIVE METHOD TO MINIMIZE THE CAUSAL FACTORS OF OBESITY INITIATIVE COMMUNITY INVESTMENT FUND THE COMMUNITY LOAN PROGRAM PROVIDES CAPITAL IN THE FORM OF LOW-INTEREST LOANS TO QUALIFIED NON-PROFIT ENTITIES FOR THE PURPOSE OF PROMOTING A SOCIAL GOOD AND THE DEVELOPMENT</p>

Identifier	Return Reference	Explanation
OUTCOMES		OF HEALTHIER COMMUNITIES FY 11 ACCOMPLISHMENTS THERE WERE A TOTAL OF 12 LOW-INCOME ACTIV E INVESTMENTS IN FY 11 MANAGED BY THE SJHS SY STEM OFFICE TREASURY DEPARTMENT INVESTMENTS R ANGED FROM INVESTMENT LOANS, LINES OF CREDIT AND CD COLLATORAL THE PARTICIPATING ORGANIZA TIONS INCLUDED BUT WERE NOT LIMITED TO JAMBOREE HOUSING DEVELOPMENT, MERCY HOUSING FUND, T ALLER SAN JOSE, AND HANDS TOGETHER- A CENTER FOR CHILDREN IN ADDITION, MATERNAL OUTREACH MANAGEMENT SY STEM (MOMS), THINK TOGETHER, AND SELF-HELP CREDIT UNION RECEIVED A LOAN TO SU PPORT THEIR VITAL COMMUNITY WORK TOTAL COMMUNITY INVESTMENT DURING FISCAL YEAR 2011, WE INVESTED A TOTAL OF \$2,070,326 IN COMMUNITY BENEFIT (INCLUDING COMMUNITY BENEFIT SERVICES TO THE LOW-INCOME AND BROADER COMMUNITY), IN ALIGNMENT WITH CATHOLIC HEALTH ASSOCIATION GU IDELINES BECAUSE WE ARE A SY STEM OFFICE, THERE WERE NO CHARITY CARE AND UNPAID COST TO ST ATE AND LOCAL PROGRAMS COMMUNITY SERVICES FOR THE LOW-INCOME \$586,683 COMMUNITY SERVICES FOR THE BROADER COMMUNITY* \$1,483,643 * INCLUDES COMMUNITY BUILDING CATEGORY FOR MORE INFO RMATION ABOUT ST JOSEPH HEALTH SY STEM, PLEASE VISIT WWW STJOE.ORG

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	ST JOSEPH HEALTH MINISTRY IS THE SOLE CORPORATE MEMBER OF ST JOSEPH HEALTH SYSTEM

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTION 7A	ST JOSEPH HEALTH SYSTEM HAS A TIERED GOVERNANCE IN WHICH ST JOSEPH HEALTH MINISTRY AS ITS SPONSOR RESERVES THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HEALTH SYSTEM BOARD AFTER A COLLABORATIVE AND INCLUSIVE RECRUITMENT AND SELECTION PROCESS THE SISTERS OF ST JOSEPH OF ORANGE, AS THE FOUNDING SPONSOR OF ST JOSEPH HEALTH SYSTEM, APPOINTS MEMBERS OF ST JOSEPH HEALTH MINISTRY

Identifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 7B	THE CORPORATE MEMBER, ST JOSEPH HEALTH MINISTRY , RESERVES THE RIGHT TO APPROVE THE PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY , MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11B	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION, AS APPLICABLE. THE FORM 990 IS THEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A COPY OF THE FORM 990 FILING IS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE MARCH 2012 MEETING. DURING THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE MEETING, MANAGEMENT PRESENTS AND DISCUSSES CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE CHAIR THEN PROVIDES A SUMMARY AT THE FULL BOARD MEETING.

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	<p>OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ON THE CONFLICT OF INTEREST DISCLOSURE FORM THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE. ADDITIONALLY, DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION, OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST. WHEN A CONFLICT OF INTEREST IS IDENTIFIED, SUCH CONFLICT IS DISCLOSED TO THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE. IF THE CONFLICT INVOLVES A MEMBER OF THAT COMMITTEE, THE REMAINING COMMITTEE MEMBERS REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. THE OFFICER, TRUSTEE, OR KEY EMPLOYEE MAY NOT BE PRESENT DURING ANY MEETING IN WHICH THE COMMITTEE CONDUCTS ITS EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY. ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER. IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES. THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE.</p>

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A AND 15B	<p>THE EXECUTIVE COMPENSATION PROCESS AT ST. JOSEPH HEALTH SYSTEM IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES. THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY. THE CHARTER EMPOWERS THE SJHS BOARD WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF SJHS. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS THE RETENTION OF KEY MANAGEMENT TALENT. THE SJHS EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT AND FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS. SJHS PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS. TO FULFILL THEIR RESPONSIBILITY, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA. THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM. THE WORKLIFE COMMITTEE IS COMPRISED OF SEVERAL INDEPENDENT MEMBERS OF THE BOARD. THEY MEET FOUR TIMES A YEAR AND ALL CRITICAL DECISIONS ARE MADE DURING THE WORKLIFE COMMITTEE MEETINGS OR IN EXECUTIVE SESSION. THESE DECISIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS. THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT AS NEEDED. THE WORKLIFE COMMITTEE PERFORMED ITS LAST COMPENSATION REVIEW FOR ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER IN SEPTEMBER 2011.</p>

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII	<p>SISTER MARIE JEANNE GAILLAC SERVES ON THE BOARD OF ST JOSEPH HEALTH SYSTEMS (SJHS), AS WELL AS ST JOSEPH EUREKA (SJE), REDWOOD MEMORIAL HOSPITAL (RMH) AND ST JUDE MEDICAL CENTER (SJMC) SHE DEVOTES 2 HOURS PER WEEK TO SJMC AND 2 HOURS TO SJE AND 2 HOURS TO RMH</p> <p>SISTER CLAUDETTE DESFORGES IS THE VP OF MISSION INTEGRATION AT SJMC AND SERVES ON THE BOARD OF SJHS AND HERITAGE HEALTH FOUNDATION (HHF) SHE DEVOTES 50 HOURS PER WEEK TO SJMC AND 2 HOURS PER WEEK TO HHF</p> <p>SISTER JO ANN EANNARENO SERVES ON THE BOARD OF SJHS AND ALSO SERVES ON THE BOARD AND IS AN OFFICER OF ST JOSEPH EUREKA (SJE) AND REDWOOD MEMORIAL HOSPITAL (RMH) SHE DEVOTES 2 HOURS PER WEEK TO EACH HOSPITAL</p> <p>SISTER DIANE HEJNA SERVES ON THE BOARD OF SJHS AND ALSO SERVES ON THE BOARD OF SJE AND RMH SHE DEVOTES 2 HOURS PER WEEK TO EACH HOSPITAL</p> <p>SISTER EILEEN MCNERNEY SERVES ON THE BOARD OF SJHS AND MISSION HOSPITAL REGIONAL MEDICAL CENTER (MHRMC) SHE DEVOTES 2 HOURS PER WEEK TO MHRMC</p> <p>DEBORAH PROCTOR IS THE CEO OF SJHS AND SERVES ON THE BOARD OF ST JOSEPH HEALTH SYSTEM FOUNDATION (SJHSF) AND ST JOSEPH EUREKA (SJE) SHE DEVOTES 2 HOURS PER WEEK TO SJHSF AND 2 HOURS TO SJE</p> <p>DARRIN MONTALVO IS CHIEF FINANCIAL OFFICER OF SJHS AND SERVES ON THE BOARD OF QUEEN OF THE VALLEY MEDICAL CENTER (QVMC) AND AN OFFICER OF HERITAGE HEALTH FOUNDATION (HHF) HE DEVOTES 2 HOURS PER WEEK TO QVMC AND 10 HOURS TO HHF</p> <p>SUSAN WHITTAKER IS THE CHIEF ADMINISTRATIVE OFFICER OF SJHS AND SERVES ON THE BOARD OF SJE SHE DEVOTES 2 HOURS PER WEEK TO THE HOSPITAL</p> <p>SISTER JAYNE HELMLINGER IS THE EVP OF MISSION INTEGRATION OF SJHS AND SERVES ON THE BOARD OF SJHSF, SJE AND RMH SHE DEVOTES 2 HOURS PER WEEK TO EACH HOSPITAL AND 5 HOURS TO SJHSF</p> <p>JOSEPH RANDOLPH IS THE CHIEF OPERATING OFFICER OF SJHS AND SERVES ON THE BOARD OF ST JOSEPH HOSPITAL ORANGE (SJO) HE DEVOTES 2 HOURS PER WEEK TO THE HOSPITAL</p> <p>WILLIAM MURIN IS THE EXECUTIVE VICE PRESIDENT OF SYSTEM SERVICES OF SJHS AND SERVES ON THE BOARD OF MHRMC HE DEVOTES 2 HOURS PER WEEK TO MHRMC</p> <p>CLYDE WESP IS THE SVP CHIEF MEDICAL OFFICER OF SJHS AND SERVES ON THE BOARD OF ST JOSEPH HOME CARE NETWORK (SJHCN) HE DEVOTES 2 HOURS PER WEEK TO SJHCN</p> <p>ANNETTE WALKER IS THE EXECUTIVE VICE PRESIDENT OF STRATEGIC IMPLEMENTATION AND SERVES ON THE BOARD OF SANTA ROSA MEMORIAL HOSPITAL (SRMH) SHE DEVOTES 2 HOURS PER WEEK TO THE HOSPITAL</p> <p>LEE PENROSE IS THE CEO OF ST JUDE MEDICAL CENTER (SJMC) AND A BOARD MEMBER OF HHF ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO SJMC AND 2 HOURS TO HHF</p> <p>PETER BASTONE IS THE CEO OF MISSION HOSPITAL REGIONAL MEDICAL CENTER (MHRMC) ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO MHRMC AND NO HOURS TO SJHS</p> <p>JASON BARKER IS THE CEO OF ST MARY MEDICAL CENTER (SMMC) ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO SMMC AND NO HOURS TO SJHS</p> <p>DENNIS SISTO IS THE CEO OF QUEEN OF THE VALLEY MEDICAL CENTER (QVMC) ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO QVMC AND NO HOURS TO SJHS</p> <p>KEVIN KLOCKENGA IS THE CEO OF SANTA ROSA MEMORIAL HOSPITAL (SRM) AND SRM ALLIANCE HOSPITAL SERVICES (PVH) AND A BOARD MEMBER OF SJHCN ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO SRM/PVH AND NO HOURS TO SJHS AND 2 HOURS TO SJHCN</p> <p>JOSEPH MARK IS THE CEO OF ST JOSEPH HOSPITAL-EUREKA (SJE) AND REDWOOD MEMORIAL HOSPITAL (RMH) AND A BOARD MEMBER OF SJE AND RMH ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO SJE/ RMH AND NO HOURS TO SJHS AND 2 HOURS TO EACH HOSPITAL AS BOARD MEMBER</p> <p>RICHARD PARKS IS THE CEO OF COVENANT HEALTH SYSTEMS (CHS) ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO CHS AND NO HOURS TO SJHS</p> <p>CLARENCE BURKE IS THE CEO OF HERITAGE HEALTH FOUNDATION ALTHOUGH HE IS COMPENSATED BY ST JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO HHF AND NO HOURS TO SJHS</p> <p>LARRY AINSWORTH IS THE SPECIAL ADVISOR FOR ST JOSEPH HOSPITAL ORANGE (SJO) ALTHOUGH HE IS COMPENSATED BY SJHS, HE DEVOTES 50 HOURS PER WEEK TO SJO AND NO HOURS TO SJHS</p> <p>STEPHEN GILBERT IS THE VICE PRESIDENT OF FACILITIES OF SJHS AND SERVES ON THE BOARD OF SMMC HE DEVOTES 2 HOURS PER WEEK TO THE HOSPITAL</p>

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCE	FORM 990, PART XI, LINE 5	CHANGE IN FMV OF INTEREST SWAP AGREEMENTS 12,217,021 UNREALIZED GAIN EXCLUDED FROM REVENUE 10,942,383 RETIREE HEALTH VALUATION ADJUSTMENTS (13,969,454) INTERCOMPANY HOSPITAL PROVIDER FEES 7,363,235 INTERCOMPANY ASBESTOS RESERVE TRANSFER (12,286,671) GRANT FUNDS BOOKED TO LIABILITY (2,131) ----- TOTAL \$4,264,383

Identifier	Return Reference	Explanation
409A DOCUMENT CORRECTION UNDER VI B, VII C & XI A OF IRS NOTICE 2010-06	DOCUMENT DEFECTS	1) NAME AND SOCIAL SECURITY NUMBERS OF AFFECTED PARTICIPANTS NOT APPLICABLE NONE OF THE EMPLOYEES ARE INSIDERS 2) THE 409A FAILURE OCCURRED WITH RESPECT TO THE ST JOSEPH HEALTH SYSTEM 457(F) PLAN ("PLAN") 3) THE 409A PLAN FAILURES ARE ELIGIBLE FOR CORRECTION UNDER THE TERMS OF VI B, VII C AND XI A OF IRS NOTICE 2010-6 THE EMPLOYER HAS TAKEN ALL ACTIONS REQUIRED BEFORE DECEMBER 31, 2010, AND OTHERWISE MET ALL REQUIREMENTS FOR SUCH CORRECTION NO PARTICIPANT IS REQUIRED TO REPAY ANY AMOUNT TO THE PLAN IN A SUBSEQUENT TAX YEAR, NOR IS ANY AMOUNT REQUIRED TO BE INCLUDED IN INCOME UNDER 409A AS PART OF THE CORRECTION THE CORRECTIVE AMENDMENT WAS SIGNED ON OCTOBER 6, 2010 THE DATE OF THE EVENT CAUSING THE AFFECTED PARTICIPANT TO INCLUDE HIS PLAN ACCOUNT IN GROSS INCOME WAS HIS VOLUNTARY TERMINATION DATE 4) DESCRIPTION OF EACH FAILURE NAME/SOCIAL SECURITY NUMBER CAROL AARON VOLUNTARY TERMINATION DATE 6/9/2010 GROSS AMOUNT INVOLVED IN DOCUMENT FAILURE \$42,096 AMOUNT REPORTED AS INCLUDIBLE IN INCOME UNDER 409A \$0 PERCENTAGE OF AMOUNT INVOLVED IN DOCUMENT FAILURE REQUIRED TO BE INCLUDED IN INCOME UNDER 409A 0% NAME/SOCIAL SECURITY NUMBER SHARIE MCCLOSKEY VOLUNTARY TERMINATION DATE 3/10/2010 GROSS AMOUNT INVOLVED IN DOCUMENT FAILURE \$19,738 AMOUNT REPORTED AS INCLUDIBLE IN INCOME UNDER 409A \$0 PERCENTAGE OF AMOUNT INVOLVED IN DOCUMENT FAILURE REQUIRED TO BE INCLUDED IN INCOME UNDER 409A 0% BECAUSE FORM 990 IS OPEN TO PUBLIC INSPECTION AND THE THREAT OF IDENTITY THEFT, SOCIAL SECURITY NUMBERS WILL BE PROVIDED BY SEPARATE COVER UPON WRITTEN REQUEST

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
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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
(1) REVENUE CYCLE SERVICES LLC 500 S Main Street Orange, CA 92868 27-2109314	HEALTHCARE	CA	3,513,447	2,501,718	NA

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

No

Yes

2

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

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

Schedule R (Form 990) 2010

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP	SCHEDULE R, PART III	ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100 ORANGE, CA 92868-2012 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET LUBBOCK, TX 79410 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET LUBBOCK, TX 79410 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET LUBBOCK, TX 79410 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET STE 1000 ORANGE, CA 92868 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362 MISSION VIEJO, CA 92691 COMPREHENSIVE IMAGING PARTNERS OF ORANGE COUNTY, LLC EIN 26-4591502 ADDRESS ONE CITY BOULEVARD WEST, SUITE 1100 ORANGE, CA 92868

Software ID:

Software Version:

EIN: 95-3589356

Name: ST JOSEPH HEALTH SYSTEM

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 HEALTH SYSTEM FDN 500 S MAIN STREET SUITE 1000 ORANGE, CA928684507 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS		
ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	SJHS		
COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS		
SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		
ST JOSEPH HEALTH MINISTRY 500 S MAIN STREET SUITE 400 ORANGE, CA92868 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		
ST JOSEPH HEALTH FDN OF N CALIFORNIA PO BOX 552 SANTA ROSA, CA95405 68-0338070	INACTIVE	CA	501(C)(3)	11,I	SRMH		
ST JOSEPH HOME CARE NETWORK 170 PROFESSIONAL CENTER DR B ROHNERT PARK, CA94928 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS		
REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA95540 94-2779313	FOUNDATION	CA	501(C)(3)	7	RMH		
ST JUDE HOSPITAL YORBA LINDA 279 E IMPERIAL HWY 750 FULLERTON, CA92835 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS		
CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA92675 33-0574214	HEALTHCARE	CA	501(C)(3)	7	MHRMC		
METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS		
QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS		

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
METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS		
METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS		
HOSPICE OF LUBBOCK 1102 SLIDE ROAD LUBBOCK, TX79414 75-2133781	HEALTHCARE	TX	501(C)(3)	9	CHS		
COVENANT HEALTH SYSTEM FOUNDATION 4000 24TH STREET LUBBOCK, TX79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS		
LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS		
ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS		
COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS		
COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX79410 61-1573313	HEALTHCARE	TX	501(C)(3)	11,I	CHS		
ST JUDE MEMORIAL FOUNDATION 1440 N HARBOR BLVD 200 FULLERTON, CA92835 95-3607229	HEALTHCARE	CA	501(C)(3)	11,I	SJMC		
MISSION HOSPITAL REG MED CTR FDN 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA92691 33-0406118	HEALTHCARE	CA	501(C)(3)	7	MHRMC		
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS		
SRM ALLIANCE HOSPITAL SERVICES 400 NORTH MCDOWELL BLVD PETALUMA, CA94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH		

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 HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS		
REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS		
ST JUDE HOSPITAL INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA92835 95-1643325	HEALTHCARE	CA	501(C)(3)	3	SJHS		
ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	SJHS		
MISSION HOSPITAL REGIONAL MEDICAL CENTER 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	SJHS		
HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA954054801 68-0318656	INACTIVE	CA	501(C)(3)	3	SRMH		
TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA92701 59-3816355	WORKFORCE DEV	CA	501(C)(3)	2	SSJO		

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	
ST JOSEPH HLTH SYS HOME HLTH AGENCY 1845 W ORANGEWOOD AVENUE STE 200 ORANGE, CA928682012 33-0282945	HOME HEALTH	CA	PSE	RELATED	0	0		No	0		No	0 %
ST JOSEPH HLTH SYS HOME CARE SVCS 1845 W ORANGEWOOD AVE STE 100 ORANGE, CA928682012 33-0307672	HOME HEALTH	CA	PSE	RELATED	0	0		No	0		No	0 %
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX79410 75-2343261	HEALTHCARE SVCS	TX	LMHSI	RELATED	0	0		No	0		No	0 %
SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX78750 75-2569094	HEALTHCARE SVCS	TX	LMHSI	RELATED	0	0		No	0		No	0 %
LUBBOCK SURGERY CENTER LTD 4000 24TH STREET LUBBOCK, TX79410 75-2177401	HEALTHCARE SVCS	TX	CHS	RELATED	0	0		No	0		No	0 %
COVENANT LONG-TERM CARE LP 4000 24TH STREET LUBBOCK, TX79410 20-5033419	HEALTHCARE SVCS	TX	CHS	RELATED	0	0		No	0		No	0 %
HERITAGE INVESTMENT GROUP 27-1000061	INVESTMENT	CA	PSE	EXCLUDED	0	0		No	0		No	0 %
MISSION AMBULATORY SURGICENTER LTD 26730 CROWN VALLEY PKWY 1 ST FL MISSION VIEJO, CA92691 33-0355575	HEALTHCARE SVCS	CA	MHRMC	RELATED	0	0		No	0		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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COMPREHENSIVE IMAGING PARTNERS OF OCLLC 1 CITY BOULEVARD WEST 1110 ORANGE, CA92868 26-4591502	HEALTHCARE SVCS	CA	SJO	RELATED	0	0		No	0		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
ST JOSEPH PROF SVCS ENTERPRISES INC 500 S MAIN STREET SUITE 700 ORANGE, CA92868 33-0155323	HEALTHCARE SVCS	CA	NA	C CORP	0	0	100 000 %
AMERICAN UNITY GROUP LTD	CAPTIVE INSURANCE	BD	NA	C CORP	16,161,710	67,239,397	100 000 %
ALLIANCE PHYSICIAN SERVICES	INACTIVE	CA	SRMH	C CORP	0	0	0 %
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA92691 33-0212905	HEALTHCARE SVCS	CA	MHRMC	C CORP	0	0	0 %
MISSION MEDICAL CENTER ASSOCIATION 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA92691 33-0201044	HEALTHCARE SVCS	CA	MHRMC	C CORP	0	0	0 %
ST JOSEPH YORBA PARK	INACTIVE	CA	SJHHF	C CORP	0	0	0 %
LUBBOCK METHODIST HOSP SVCS PO BOX 1201 LUBBOCK, TX79410 75-2118585	HEALTHCARE SVCS	TX	CHS	C CORP	0	0	0 %
LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET SUITE 300 LUBBOCK, TX79410 75-2578995	INACTIVE	TX	CHS	C CORP	0	0	0 %

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)	ST JOSEPH HOSPITAL OF ORANGE	K	21,958,379	
(2)	ST JOSEPH HOSPITAL OF ORANGE	R	24,562,902	
(3)	ST JOSEPH HOSPITAL OF ORANGE	P	33,796,859	
(4)	ST JUDE HOSPITAL INC	K	19,129,128	
(5)	ST JUDE HOSPITAL INC	R	19,994,164	
(6)	ST JUDE HOSPITAL INC	P	23,112,767	
(7)	ST MARY MEDICAL CENTER	K	7,615,591	
(8)	ST MARY MEDICAL CENTER	R	2,599,018	
(9)	ST MARY MEDICAL CENTER	P	17,239,628	
(10)	QUEEN OF THE VALLEY MEDICAL CENTER	K	9,395,945	
(11)	QUEEN OF THE VALLEY MEDICAL CENTER	R	3,968,737	
(12)	QUEEN OF THE VALLEY MEDICAL CENTER	P	16,383,210	
(13)	SANTA ROSA MEMORIAL HOSPITAL	K	13,106,142	
(14)	SANTA ROSA MEMORIAL HOSPITAL	R	9,225,820	
(15)	SANTA ROSA MEMORIAL HOSPITAL	P	24,674,454	
(16)	ST JOSEPH HOSPITAL OF EUREKA	K	5,699,580	
(17)	ST JOSEPH HOSPITAL OF EUREKA	P	11,570,726	
(18)	ST JOSEPH HOSPITAL OF EUREKA	R	3,761,997	
(19)	ST JOSEPH HOSPITAL OF EUREKA	B	3,277,751	
(20)	REDWOOD MEMORIAL HOSPITAL	K	1,302,471	
(21)	REDWOOD MEMORIAL HOSPITAL	P	2,347,151	
(22)	REDWOOD MEMORIAL HOSPITAL	R	326,298	
(23)	COVENANT HEALTH SYSTEM	K	30,465,617	
(24)	COVENANT HEALTH SYSTEM	R	23,719,268	
(25)	COVENANT HEALTH SYSTEM	P	30,023,301	
(26)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	K	14,032,130	
(27)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	R	14,669,921	
(28)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	P	24,891,001	
(29)	SRM ALLIANCE HOSPITAL SERVICES	K	3,177,719	
(30)	SRM ALLIANCE HOSPITAL SERVICES	R	1,157,874	

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
(31)	SRM ALLIANCE HOSPITAL SERVICES	P	5,924,958	
(32)	AMERICAN UNITY GROUP LTD	P	916,712	
(33)	AMERICAN UNITY GROUP LTD	R	5,293,600	
(34)	ST JUDE HOSPITAL YORBA LINDA	P	10,179,847	
(35)	CAMINO HEALTH CENTER	P	82,789	
(36)	ST JOSEPH HOME CARE NETWORK	P	1,705,453	
(37)	ST JOSEPH HEALTH SYSTEM HOME HEALTH CARE SVC	P	2,622,540	
(38)	ST JOSEPH PROFESSIONAL SERVICES ENTERPRISES	P	88,228	
(39)	ST JOSEPH HEALTH SYSTEM FOUNDATION	K	348,504	
(40)	ST JOSEPH HEALTH SYSTEM FOUNDATION	P	2,658,663	
(41)	COVENANT HEALTH PARTNERS		0	
(42)	COVENANT MEDICAL GROUP		0	
(43)	HOME CARE PARTNERS		0	
(44)	HOSPICE OF LUBBOCK		0	
(45)	LUBBOCK METHODIST HOSPITAL FOUNDATION		0	
(46)	METHODIST CHILDREN'S HOSPITAL		0	
(47)	METHODIST HOSPITAL LEVELLAND		0	
(48)	METHODIST HOSPITAL PLAINVIEW		0	
(49)	MISSION HOSPITAL REGIONAL MEDICAL CENTER FDN		0	
(50)	REDWOOD MEMORIAL FOUNDATION		0	
(51)	ST JOSEPH HEALTH FOUNDATION OF N CALIFORNIA		0	
(52)	ST JUDE MEMORIAL FOUNDATION		0	
(53)	ST MARY OF THE PLAINS HOSPITAL FOUNDATION		0	
(54)	METHODIST DIAGNOSTIC IMAGING		0	
(55)	SHA LLC		0	
(56)	LUBBOCK SURGERY CENTER LTD		0	
(57)	COVENANT LONG-TERM CARE LP		0	
(58)	COMPREHENSIVE IMAGING PARTNERS OF OC LLC		0	
(59)	ALLIANCE PHYSICIAN SERVICES		0	
(60)	MISSION VIEJO MEDICAL VENTURES		0	

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
(61)	MISSION MEDICAL CENTER ASSOCIATION		0	
(62)	ST JOSEPH YORBA PARK		0	
(63)	LUBBOCK METHODIST HOSPITAL SERVICES		0	
(64)	LUBBOCK METHODIST HOSPITAL PRACTICE		0	

**TY 2010 Earnings and Profits Other
Adjustments Statement**

Name: ST JOSEPH HEALTH SYSTEM

EIN: 95-3589356

Description	Amount
UNDERWRITING EXPENSES	5,976,861

TY 2010 Earnings and Profits Other

Adjustments Statement

Name: ST JOSEPH HEALTH SYSTEM

EIN: 95-3589356

Description	Amount
UNDERWRITING INCOME	13,454,324
UNREALIZED GAINS	913,430

TY 2010 Itemized Other Current Liabilities Schedule

Name: ST JOSEPH HEALTH SYSTEM

EIN: 95-3589356

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		INSURANCE BALANCE PAYABLES	899,621	742,514

**TY 2010 Itemized Other Current Assets
Schedule****Name:** ST JOSEPH HEALTH SYSTEM**EIN:** 95-3589356

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER CURRENT ASSETS	1,468,000	1,439,367

TY 2010 Other Deductions Schedule**Name:** ST JOSEPH HEALTH SYSTEM**EIN:** 95-3589356

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES		5,976,861
INSURANCE D&O COVER		11,712
SECRETARIAL & DIRECTORS FEES		6,730
MANAGEMENT FEE		67,000
AUDIT FEE		35,750
ACTUARIAL FEES		250
ADMINISTRATIVE EXPENSES		2,096
GOVERNMENT FEES		9,331
BOARD MEETING EXPENSES		43,780

TY 2010 Itemized Other Liabilities Schedule

Name: ST JOSEPH HEALTH SYSTEM

EIN: 95-3589356

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		LIABILITY FOR LOSSES & LOSS EXPENSE	32,962,000	32,960,367

TY 2010 Other Income Statement

Name: ST JOSEPH HEALTH SYSTEM

EIN: 95-3589356

Description	Foreign Amount	Amount
UNDERWRITING INCOME		13,454,324

THE FOLLOWING IS ADDITIONAL INFORMATION AS REQUIRED BY REGULATIONS SECTION 1.6038B-1(C)

(1) TRANSFEROR

(I): ST. JOSEPH HEALTH SYSTEM
EIN: 95-3589356
500 S. MAIN STREET
ORANGE, CA 92868-4507

(2) TRANSFEREE

(I): MELLON FIRST PRINCIPLE FUND, LTD.
EIN: FOREIGNUS
C/O EACM ADVISORS LLC CONNECTICUT AVENUE
NORWALK, CT 06854
COUNTRY OF CORPORATION: CAYMAN ISLANDS

A GENERAL DESCRIPTION OF THE TRANSFER: DEEMED CASH TRANSFER OF \$16,000,000 ADDITIONAL PAID IN CAPITAL

(3) CONSIDERATION RECEIVED: BEFORE AND AFTER THE EXCHANGE, ST. JOSEPH HEALTH SYSTEM OWNED 13.47% AND 19.68, RESPECTIVELY, OF MELLON FIRST PRINCIPLE FUND, LTD.

(4) PROPERTY TRANSFERRED

(I) ACTIVE BUSINESS PROPERTY: CASH; FMV AND AB OF \$16,000,000
(II) STOCK OR SECURITIES: N/A
(III) DEPRECIATED PROPERTY: N/A
(IV) PROPERTY TO BE LICENSED: N/A
(V) PROPERTY TO BE SOLD: N/A
(VI) TRANSFERS OF FSCS: N/A
(VII) TAINTED PROPERTY: N/A
(VIII) FOREIGN LOSS BRANCH: N/A
(IX) OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES:

(I) BRANCH OPERATIONS: N/A
(II) BRANCH PROPERTY: N/A
(III) PREVIOUSLY DEDUCTED LOSSES: N/A
(IV) CHARACTER OF GAIN: N/A

(6): APPLICATION OF SECTION 367(A)(5): N/A

ST. JOSEPH HEALTH SYSTEM
 FORM 5471
 FEIN: 95-3589356
 FYE: 6/30/2011

LINE D

(1) NAME	(2) ADDRESS	(3) IDENTIFYING NUMBER	(4) SHAREHOLDER
CO EHANT HEALTH PARTNERS	815 14TH STREET	DURBOI, T 7410	01-1578813
CO EHANT HEALTH SYSTEM	815 14TH STREET	DURBOI, T 7410	75-1705503
CO EHANT HEALTH SYSTEM FOUNDATION	4000 14TH STREET	DURBOI, T 7410	75-1837003
CO EHANT MEDICAL GROUP	8420 LIND BLVD E	DURBOI, T 7410	75-1743333
HOSPICE OF DURBOI	1101 SLIDE ROAD	DURBOI, T 7414	75-1133741
DURBOI METHODIST HOSPITAL FOUNDATION	815 14TH STREET	DURBOI, T 7410	75-1110003
METHODIST CHILDREN'S HOSPITAL	810 11ST STREET	DURBOI, T 7410	75-1418411
METHODIST HOSPITAL LE ELLAND	1000 COLLEGE A BLVD	LE ELLAND, T 7333	75-1140343
METHODIST HOSPITAL FLAINTIEU	2001 MINNITT ROAD	FLAINTIEU, T 7002	75-1410010
MISSION HOSPITAL REGIONAL MEDICAL CENTER FNU	2700 MEDICAL CENTER ROAD	MISSION IEBO, CA 92041	88-0400113
MISSION HOSPITAL REGIONAL MEDICAL CENTER	2700 MEDICAL CENTER ROAD	MISSION IEBO, CA 92041	05-1043800
QUEEN OF THE PALLES MEDICAL CENTER	1000 TRINIDAD STREET	NAER, CA 94553	04-1143000
REDWOOD MEMORIAL FOUNDATION	8000 REINER DRIVE	FORTUNE, CA 95940	04-1770313
REDWOOD MEMORIAL HOSPITAL	8000 REINER DRIVE	FORTUNE, CA 95940	04-1334005
SAINT ROSE MEMORIAL HOSPITAL	1105 MOUNTGOMERY DRIVE	SANTA ROSE, CA 95405	04-1131005
SAN ANTHONY HOSPITAL SERVICES	400 NORTH INDOVELL BLVD	EETALUNE, CA 94054	08-0335100
ST. JOSEPH HEALTH FNU OF N. CALIFORNIA	810 BOYD	SANTA ROSE, CA 95405	08-0338070
ST. JOSEPH HEALTH SYSTEM FOUNDATION	500 S. MAIN STREET, SUITE 1000	ORANGE, CA 92663	88-0143024
ST. JOSEPH HOME CARE NETWORK	170 PROFESSIONAL CENTER DR. #2	FOHNET PARI, CA 94023	08-0331034
ST. JOSEPH HOSPITAL OF EUREKA	2700 COLLEER STREET	EUREKA, CA 95501	04-1150500
ST. JOSEPH HOSPITAL OF ORANGE	1100 WEST STEWART DRIVE	ORANGE, CA 92663	05-1043350
ST. JUDE HOSPITAL TORRA LINDA	270 E. IMPERIAL HWY, #700	FULLERTON, CA 92635	88-0135001
ST. JUDE HOSPITAL, INC	101 EAST ALLEN IN HESS DRIVE	FULLERTON, CA 92635	05-1043325
ST. JUDE MEMORIAL FOUNDATION	1440 N. HARBOE BLVD., #200	FULLERTON, CA 92635	05-0007120
ST. MARY MEDICAL CENTER	13000 HIGHWAY 13	REELE ALLEI, CA 92007	05-1044300
ST. MARY OF THE FLAINS HOSPITAL FNU	4000 14TH STREET	DURBOI, T 7410	75-1053131
ST. JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY	1440 N. ORANGEWOOD A BLVD, STE. 100	ORANGE, CA 92663-0012	88-0131045
ST. JOSEPH HEALTH SYSTEM HOME CARE SERVICES	1440 N. ORANGEWOOD A BLVD, STE. 100	ORANGE, CA 92663-0012	88-0307072
CO EHANT LONG-TERM CARE, LE	4000 14TH STREET	DURBOI, T 7410	20-5003410
ST. JOSEPH PROF SERVICES ENTERPRISES, INC	500 S. MAIN STREET, SUITE 700	ORANGE, CA 92663	88-0155323
MISSION IEBO MEDICAL ENTERPRISES	2700 MEDICAL CENTER RD #504	MISSION IEBO, CA 92041	88-0112005
MISSION MEDICAL ENTERPRISES ASSOCIATION	2700 MEDICAL CENTER RD #504	MISSION IEBO, CA 92041	88-0101044
DURBOI METHODIST HOSPITAL SERVICES	P.O. BOX 1201	DURBOI, T 7410	75-1113535
DURBOI METHODIST HOSPITAL TIME LIGHT	1107 O FORD STREET, SUITE 300	DURBOI, T 7410	75-1773005

THE FILING REQUIREMENT WITH RESPECT TO OUR OWNERSHIP IN SRI OVERSEAS PARTNERS, L.P. HAS BEEN MET BY HEDGE MANAGEMENT, L.L.C. AT 201 MAIN STREET, SUITE 2300, FORT WORTH, TEXAS 76102. THE EIN OF HEDGE MANAGEMENT, L.L.C. IS 75-2812694 AND THE TAX RETURN WAS FILED AT IRS SERVICE CENTER IN OGDEN, UTAH.

THE FOLLOWING IS ADDITIONAL INFORMATION AS REQUIRED BY REGULATIONS SECTION 1.6038B-1(C)

(1) TRANSFEROR

(I): ST. JOSEPH HEALTH SYSTEM
EIN: 95-3589356
500 S. MAIN STREET
ORANGE, CA 92868-4507

(2) TRANSFEREE

(I): SRI OVERSEAS PARTNERS, L.P.
EIN: FOREIGNUS
CORPORATE CENTER, WEST BAY ROAD
PO BOX 31106 SMB
GRAND CAYMAN, CAYMAN ISLANDS
COUNTRY OF CORPORATION: CAYMAN ISLANDS

A GENERAL DESCRIPTION OF THE TRANSFER: DEEMED CASH TRANSFER OF \$8,000,000 ADDITIONAL PAID IN CAPITAL

(3) CONSIDERATION RECEIVED: BEFORE AND AFTER THE EXCHANGE, ST. JOSEPH HEALTH SYSTEM OWNED 11.05% AND 15.68%, RESPECTIVELY, OF SRI OVERSEAS PARTNERS, L.P.

(4) PROPERTY TRANSFERRED

(I) ACTIVE BUSINESS PROPERTY: CASH; FMV AND AB OF \$8,000,000
(II) STOCK OR SECURITIES: N/A
(III) DEPRECIATED PROPERTY: N/A
(IV) PROPERTY TO BE LICENSED: N/A
(V) PROPERTY TO BE SOLD: N/A
(VI) TRANSFERS OF FSCS: N/A
(VII) TAINTED PROPERTY: N/A
(VIII) FOREIGN LOSS BRANCH: N/A
(IX) OTHER INTANGIBLES: N/A

(5) TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES:

(I) BRANCH OPERATIONS: N/A
(II) BRANCH PROPERTY: N/A
(III) PREVIOUSLY DEDUCTED LOSSES: N/A
(IV) CHARACTER OF GAIN: N/A

(6): APPLICATION OF SECTION 367(A)(5): N/A

Additional Data

Software ID:

Software Version:

EIN: 95-3589356

Name: ST JOSEPH HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD S BLAIR BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
NED DOLEJSI BOARD TRUSTEE	2 0	X						0	0	0
SISTER MARIE JEANNE GAILLAC BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
FATHER TOM KOPFENSTEINER BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
KEITH MARTON MD BOARD TRUSTEE	2 0	X						0	0	0
SISTER LORAINЕ POLACCI BOARD TRUSTEE	2 0	X						0	0	0
SISTER KATHLEEN PRUITT BOARD TRUSTEE	2 0	X						0	0	0
DAN WILFORD BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
SISTER CLAUDETTE DESFORGES BOARD TRUSTEE	2 0	X						0	0	0
SISTER JO ANN EANNARENO BOARD TRUSTEE	2 0	X						0	0	0
SISTER DIANE HEJNA BOARD TRUSTEE	2 0	X						0	0	0
MARY LYONS PHD BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
SISTER EILEEN MCNERNEY CSJ BOARD TRUSTEE	2 0	X						0	0	0
SISTER MARY BERNADETTE MCNULTY BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
PAULA L WOODS BOARD TRUSTEE/COMMITTEE CHAIR	4 0	X						0	0	0
BILL NOCE BOARD TRUSTEE/CHAIRMAN	5 0	X						45,000	0	0
HENRY WALKER BD TRUSTEE/INT CEO/COMM CHAIR	4 0	X		X				259,687	0	0
DEBORAH A PROCTOR SYSTEM CEO	50 0	X		X				1,727,345	0	310,878
DARRIN MONTALVO EVP CFO	50 0			X				919,849	0	50,495
SUSAN WHITTAKER SVP CAO, GVCNSL	50 0			X				764,198	0	55,818
SISTER JANE HELMLINGER VP OF MISSION INTEGRATION	50 0			X				0	0	0
JOSEPH RANDOLPH SYSTEM EVP COO	50 0				X			1,290,925	0	50,729
ELLIOT STERNBERG EVP, CHIEF MEDICAL OFFICER	50 0				X			934,481	0	36,849
WILLIAM MURIN EVP, SYSTEM SERVICES	50 0				X			858,377	0	16,833
PETER BASTONE CEO, MHRMC	0 0				X			846,397	0	55,724

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				
DENNIS SISTO CEO, QVMC	0 0				X			782,271	0	40,447	
CLARENCE BURKE SVP, INTEGRATED MEDICAL GROUP	0 0				X			723,892	0	31,016	
LEE PENROSE CEO, SJMC	0 0				X			715,886	0	38,662	
CLYDE WESP SVP, CHIEF MEDICAL OFFICER	50 0				X			658,319	0	23,573	
KEVIN KLOCKENGA CEO, SRM & PVH	0 0				X			617,060	0	37,035	
JOSEPH MARK CEO, SJE & RMH	0 0				X			606,210	0	33,913	
ANNETTE WALKER EVP, STRATEGIC IMPLEMENTATION	50 0				X			593,574	0	43,000	
LAWRENCE STOFKO SVP, CIO	50 0				X			579,535	0	50,292	
RICHARD PARKS CEO, CHS	0 0				X			576,684	0	8,649	
JASON BARKER CEO, SMMC	0 0				X			564,732	0	24,006	
SHANNON DWYER SVP, GENERAL COUNSEL	50 0				X			560,088	0	48,151	
RYAN FAULKNER SVP, HUMAN RESOURCES	50 0				X			406,174	0	31,325	
LARRY AINSWORTH SPECIAL ADVISOR	0 0					X		765,542	0	41,135	
AZHAR QURESHI SVP, COMMUNITY HEALTH	50 0					X		630,648	0	31,002	
STEPHEN GILBERT VP, FACILITIES	50 0					X		566,206	0	50,806	
JAMES MCMANUS VP FINANCE, SUPPLY CHAIN	50 0					X		550,078	0	47,498	
JOANN ESCASA-HAIGH SVP, FINANCE	50 0					X		521,035	0	43,999	
MELINDA CLARK CEO, CHS (FORMER KEY EMPLOYEE)	0 0						X	367,265	0	0	
ADRIANA LYNCH SVP, CORP COMM (FMR KEY EMP)	0 0						X	331,816	0	0	
GEORGE PEREZ CEO, SRM AND PVH (FMR OFFICER)	0 0						X	317,152	0	0	