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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
St Joseph Regional Health Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2801 FRANCISCAN DRIVE

City or town, state or country, and ZIP + 4
BRYAN, TX 778022544

D Employer identification number
74-1282696

E Telephone number
(979)776-3777

G Gross receipts $ 413,529,855

F Name and address of principal officer
ODETTE BOLANO
2801 FRANCISCAN DRIVE
BRYAN,TX 778022544

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW ST-JOSEPH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1936 | **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
In the Franciscan tradition, out of reverence for the dignity of every person, the hospital's main mission is to provide excellent health care and to promote wellness throughout the Brazos Valley

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	3,030
6	Total number of volunteers (estimate if necessary)	**6**	1,214
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	69
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,057,928	1,094,503
	9 Program service revenue (Part VIII, line 2g)	290,900,164	303,555,281
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,109,264	5,406,810
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,791,737	3,407,403
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,859,093	313,463,997
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	36,168	10,350
	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)	122,703,929	120,989,772
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,595,477	168,840,515
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	279,335,574	289,840,637
	19 Revenue less expenses Subtract line 18 from line 12	26,523,519	23,623,360

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	382,474,033	391,232,570
	21 Total liabilities (Part X, line 26)	170,355,380	171,086,410
	22 Net assets or fund balances Subtract line 21 from line 20	212,118,653	220,146,160

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-11-13

Odette Bolano Acting President & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 201 MAIN STREET SUITE 1100 FT WORTH, TX 76102		EIN ▶ Phone no ▶ (817) 335-1900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

In the Franciscan tradition, out of reverence for the dignity of every person, the hospital's main mission is to provide excellent health care and to promote wellness throughout the Brazos Valley The hospital provides health care services to the citizens of Bryan and College Station, Texas, and the 12 counties in the hospital's Brazos Valley service area through its acute and specialty care facilities, including a critical access hospital in Navasota

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 10,626,092 including grants of $) (Revenue $ 102,938,756)

EMERGENCY ROOM THE EMERGENCY SERVICES DEPARTMENT IS THE ONLY CENTER IN THE REGION STAFFED WITH BOARD CERTIFIED EMGERGENCY PHYSICIANS 24 HOURS A DAY THE TWO EXPRESS CARE FACILITIES ARE AVAILABLE MONDAY THROUGH FRIDAY 8 AM TO 8 PM, SATURDAY 8 AM TO 4 PM AND SUNDAY 12 PM TO 6PM THE EXPRESS CARE SERVICES OFFER EXPEDIENT CARE TO PATIENTS WITH AN ILLNESS OR INJURY WHICH LENDS ITSELF TO RAPID DIANOSIS, TREATMENT AND DISCHARGE THERE WERE 108,527 VISITS IN 2011

4b (Code) (Expenses $ 4,626,078 including grants of $) (Revenue $ 6,225,727)

ST JOSEPH EMERGENCY MEDICAL SERVICES OPERATES A FLEET OF 12 AMBULANCES, STAFFED BY EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS WHO RESPONDED TO 14,857 CALLS IN 2011 ST JOSEPH EMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDE THE BRYAN-COLLEGE STATION AREA AS WELL AS BURLESON, GRIMES AND MADISON COUNTIES

4c (Code) (Expenses $ 5,277,621 including grants of $) (Revenue $ 6,815,079)

ST JOSEPH'S IS COMMITTED TO RURAL HEALTH AND MEETING THE NEEDS OF RURAL COMMUNITIES THE RURAL CLINICS ARE SET UP IN FURTHERANCE OF OUR MISSION TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY IN TOTAL, THE CLINICS HAD 58,893 VISITS IN 2011

4d Other program services (Describe in Schedule O)

(Expenses $ 201,984,287 including grants of $ 10,350) (Revenue $ 187,575,719)

4e **Total program service expenses** ▶ $ 222,514,078

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, 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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II 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, Part 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*	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	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	402		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	3,030			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
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	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

LISA MCNAIR
2801 FRANCISCAN DRIVE
BRYAN,TX 778022544
(979)776-2553

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Robert Upchurch Chairperson	1 0	X		X				0	0	0
(2) Terrell Rowan Vice-Chair	1 0	X		X				0	0	0
(3) Daniel Dawson MD Secretary	1 0	X		X				22,238	0	0
(4) Robert T Bisor III Governance Council Member	1 0	X						0	0	0
(5) Sr Nancy Ferguson OSF Governance Council Member	1 0	X						0	0	0
(6) Ricardo Gutierrez MD Governance Council Member	1 0	X						22,400	0	0
(7) Terry Jenkins MD Governance Council Member	1 0	X						0	0	0
(8) Kathleen R Krusie CEO, St Joseph Regional Health	40 0	X		X				311,586	0	28,554
(9) Anthony D Pfitzer PRES/CEO St Joseph Health Sys	40 0	X		X				543,992	0	33,644
(10) Garth Morgan MD Medical Staff President	1 0	X						0	192,996	12,852
(11) George Nelson BOT Chair St Joseph Health Sys	1 0	X						0	0	0
(12) Lisa R McNair Senior VP / CFO	40 0			X				289,852	0	24,583
(13) Alan J Hurley Senior VP / Medical Practices	39 0			X				220,441	0	27,216
(14) Gary Mark Montgomery Senior VP / CMO	40 0			X				324,207	0	28,719
(15) Sr Alice Warrick deceased Senior VP/Mission Integration	32 0			X				57,441	0	4,749
(16) Michael G Costa VP / Human Resources	40 0			X				207,475	0	24,634
(17) Steven J Crichton VP / Support Services	40 0			X				163,284	0	17,796

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) Don Kirk Cristy VP / Revenue Management	40 0			X				168,528	0	26,025
(19) Timothy C Ottinger VP / Community Relations	40 0			X				132,383	0	22,755
(20) John A Phillips deceased VP / Information Services	40 0			X				101,137	0	12,673
(21) Doris Redman VP / Patient Services / CNE	40 0			X				219,104	0	27,599
(22) Jonathan R Turton VP Clinical Services	40 0			X				199,300	0	19,359
(23) Michael F Russo VP / Information Services	40 0			X				111,065	0	14,263
(24) Sr Penny Dunn VP / Mission Integration	40 0			X				12,838	0	899
(25) Alen C Chang Clinical Staff Pharmacist	40 0					X		202,548	0	24,547
(26) Jerry W Taylor Clinical Staff Pharmacist	40 0					X		174,770	0	23,401
(27) Tae-Monk Hwang-Lemos Team Leader Nursing-Crit Care	40 0					X		162,418	0	24,977
(28) Charles M Hall Jr Operations Manager - Pharmacy	40 0					X		146,500	0	21,676
(29) Deborah E Hill RN - Critical Care	40 0					X		142,259	0	23,422
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,935,766	192,996	444,343

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 128

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Cogent Healthcare of Tx Inc PO Box 645037 CINCINNATI, OH 452645037	PROFESSIONAL/MEDICAL	2,500,787
Scott White 1600 University Drive East COLLEGE STATION, TX 77840	PROFESSIONAL/MEDICAL	937,514
Liberty Dialysis-Bryan LLC 2390 E 29th Street BRYAN, TX 77802	PROFESSIONAL/MEDICAL	819,205
Bryan Emergency Physicians PA 6300 La Calma Drive Suite 200 AUSTIN, TX 787523825	PROFESSIONAL/MEDICAL	780,340
Legacy Healthcare Services Inc 3001 Spring Forest Road RALEIGH, NC 27616	PROFESSIONAL/MEDICAL	716,408

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 51

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	262,980			
	e	Government grants (contributions)	1e	831,523			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	1,094,503			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES REVENUE	622110	194,275,380	194,275,380		
	b	MEDICARE/MEDICAID	622110	109,279,901	109,279,901		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	303,555,281			
	3	Investment income (including dividends, interest and other similar amounts)	▶	5,083,790			5,083,790
	4	Income from investment of tax-exempt bond proceeds	▶	350,984			350,984
	5	Royalties	▶	1,277			1,277
			(i) Real	(ii) Personal			
	6a	Gross rents	1,326,863				
	b	Less rental expenses	599,778				
	c	Rental income or (loss)	727,085				
	d	Net rental income or (loss)	▶	727,085			727,085
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	99,438,116				
	b	Less cost or other basis and sales expenses	99,559,316	-93,236			
	c	Gain or (loss)	-121,200	93,236			
	d	Net gain or (loss)	▶	-27,964			-27,964
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶	0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA REVENUE	722310	1,046,845			1,046,845
	b	REBATES	900099	721,427			721,427
	c	LAUNDRY SERVICES	812300	146,988		69	146,919
	d	All other revenue		763,781			763,781
	e	**Total.** Add lines 11a–11d	▶	2,679,041			
	12	**Total revenue.** See Instructions	▶	313,463,997	303,555,281	69	8,814,144

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)

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

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 United States See Part IV, line 21	10,350	10,350		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	3,420,739		3,420,739	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	91,194,808	74,115,126	17,079,682	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,647,509	5,384,483	1,263,026	
9	Other employee benefits	12,761,135	10,336,519	2,424,616	
10	Payroll taxes	6,965,581	5,642,121	1,323,460	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	14,768		14,768	
c	Accounting	109,080		109,080	
d	Lobbying	20,381		20,381	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	268,336		268,336	
g	Other	37,331,719	21,496,583	15,835,136	
12	Advertising and promotion	879,683	15,386	864,297	
13	Office expenses	54,724,258	47,962,220	6,762,038	
14	Information technology	1,097,071	24,867	1,072,204	
15	Royalties . .	0			
16	Occupancy	5,132,610	1,179,968	3,952,642	
17	Travel	416,639	222,936	193,703	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,688,620	6,688,620		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,032,825	16,032,825		
23	Insurance	2,353,446	2,353,446		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	32,779,823	30,875,643	1,904,180	
b	ASSESSMENT	8,824,314		8,824,314	
c	RECRUITMENT	905,573		905,573	
d	EXPENSES PAID THRU GRANTS	658,648		658,648	
e					
f	All other expenses	602,721	172,985	429,736	
25	**Total functional expenses.** Add lines 1 through 24f	289,840,637	222,514,078	67,326,559	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,209,637	1	3,303,519
	2	Savings and temporary cash investments		28,795,647	2	12,169,780
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		42,205,630	4	44,223,596
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,989,654	8	6,518,666
	9	Prepaid expenses and deferred charges		2,791,037	9	2,680,518
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 304,756,035			
	b	Less accumulated depreciation	10b 148,125,761	161,384,894	10c	156,630,274
	11	Investments—publicly traded securities		115,962,475	11	134,470,928
	12	Investments—other securities See Part IV, line 11		4,808,133	12	10,753,962
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		16,326,926	15	20,481,327
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		382,474,033	16	391,232,570
Liabilities	17	Accounts payable and accrued expenses		43,388,167	17	50,928,076
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		126,775,796	20	119,986,930
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		191,417	25	171,404
	26	**Total liabilities.** Add lines 17 through 25		170,355,380	26	171,086,410
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		211,070,532	27	218,558,863
	28	Temporarily restricted net assets		1,048,121	28	1,587,297
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		212,118,653	33	220,146,160
	34	Total liabilities and net assets/fund balances		382,474,033	34	391,232,570

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	313,463,997
2	Total expenses (must equal Part IX, column (A), line 25)	2	289,840,637
3	Revenue less expenses Subtract line 2 from line 1	3	23,623,360
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	212,118,653
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15,595,853
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	220,146,160

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

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, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
St Joseph Regional Health Center	74-1282696

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 on behalf of or in opposition to candidates for public office 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount		24,619	29,137	21,494	75,250
b Lobbying ceiling amount (150% of line 2a, column(e))					112,875
c Total lobbying expenditures		24,619	29,137	21,494	75,250
d Grassroots non-taxable amount		6,155	7,284	5,373	18,812
e Grassroots ceiling amount (150% of line 2d, column (e))					28,218
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		20,381
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			20,381
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
MEMBERSHIP DUES TO AHA AND THA	SCHEDULE C, PART II-B	SJRCH PAID $37,533 00 TO AHA AND $79,256 00 TO THA IN 2011 THE PORTION OF THE DUES THAT WERE USED FOR LOBBYING PURPOSES WAS 24 42% FOR AHA AND 14 15% FOR THA TOTAL DUES PAID FOR LOBBYING ACTIVITIES WERE (37,533 00 x 2442) + (79,256 00 x 1415) = $20,381

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,734,781		15,734,781
b Buildings		170,761,282	66,804,781	103,956,501
c Leasehold improvements				
d Equipment		116,368,831	81,320,980	35,047,851
e Other		1,891,141		1,891,141
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				156,630,274

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

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

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

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

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

(a) Description	(b) Book value
(1) Other receivables	6,857,342
(2) REC FROM RELATED PARTIES	3,728,064
(3) DEF COSTS-NET OF AMORTIZATION	2,550,101
(4) BEN INT IN NET ASSETS OF FDN	1,501,075
(5) OTHER ASSETS	5,844,745
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	20,481,327

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Charitable Gift Annuity Liability	171,404
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	171,404

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	313,463,997
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	289,840,637
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,623,360
4	Net unrealized gains (losses) on investments	4	-5,540,997
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-10,054,856
9	Total adjustments (net) Add lines 4 - 8	9	-15,595,853
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	8,027,507

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	274,224,804
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-5,540,997		
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	-5,540,997
3	Subtract line **2e** from line **1**			3	279,765,801
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	259,725		
b	Other (Describe in Part XIV)	4b	33,438,471		
c	Add lines **4a** and **4b**			4c	33,698,196
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	313,463,997

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

1	Total expenses and losses per audited financial statements			1	256,142,441
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	256,142,441
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	259,725		
b	Other (Describe in Part XIV)	4b	33,438,471		
c	Add lines **4a** and **4b**			4c	33,698,196
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	289,840,637

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
ASC 740 FOOTNOTE TO FINANCIAL STATEMENT	SCHEDULE D, PART X, LINE 2	There are no material unrecorded tax liabilities as of December 31, 2011 or 2010
RECONCILIATION OF CHANGE IN NET ASSETS-FORM 990 TO FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 8	DONATION FOR P&E FROM AFFILIATE $ 255,968 CHANGE IN BENEFICIAL INTEREST IN FOUNDATION 539,176 EQUITY TRANSFER TO AFFILIATE (10,850,000) ---------- TOTAL $ (10,054,856)
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 4B	GRANTS/DONATIONS REPORTED AS REDUCED EXPENSES $ 658,648 BAD DEBT EXPENSE NETTED AGAINST REVENUE 32,779,823 ---------- $33,438,471
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 4B	GRANTS/DONATIONS REPORTED AS REDUCED EXPENSES $ 658,648 BAD DEBT EXPENSE NETTED AGAINST REVENUE 32,779,823 ---------- $33,438,471

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			13,315,575	6,398,216	6,917,359	2 690 %
b Medicaid (from Worksheet 3, column a)			26,293,120	19,234,219	7,058,901	2 750 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			5,972,336	5,017,090	955,246	0 370 %
d **Total** Charity Care and Means-Tested Government Programs			45,581,031	30,649,525	14,931,506	5 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			230,171		230,171	0 090 %
f Health professions education (from Worksheet 5)			2,987,643	777,383	2,210,260	0 860 %
g Subsidized health services (from Worksheet 6)			21,875,384	14,537,870	7,337,514	2 850 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			63,568		63,568	0 030 %
j **Total** Other Benefits			25,156,766	15,315,253	9,841,513	3 830 %
k **Total.** Add lines 7d and 7j			70,737,797	45,964,778	24,773,019	9 640 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	32,779,823		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	99,029,175
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,031,682
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	10,997,493
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN,TX 77802	X	X					X		
2	GRIMES ST JOSEPH HEALTH CENTER 210 S JUDSON NAVASOTA,TX 77868	X				X		X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ST JOSEPH REGIONAL HEALTH CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☑ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☑ Notified patients of the financial assistance policy upon admission			
	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

GRIMES ST JOSEPH HEALTH CENTER

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 250 %			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☐ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The policy was posted at all times on the hospital facility's web site			
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	c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☑ The policy was posted in the hospital facility's admissions offices			
	e ☑ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
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	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16	Yes	
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	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
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	b ☑ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☑ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **20**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I		SCHEDULE H, PART I, LINE 6A ST JOSEPH REGIONAL HEALTH CENTER'S COMMUNITY BENEFITS INITIAT IVE FOR 2011 FOCUSED ON THE AREAS OF GREATEST NEED AS IDENTIFIED IN THE BRAZOS VALLEY HEAL TH ASSESSMENT IN SUPPORT OF OUR MISSION TO PROVIDE EXCELLENT HEALTH CARE AND PROMOTE WELL NESS, ST JOSEPH FOCUSED ON THESE CONCERNS BY PROVIDING DIRECT CARE SERVICES AND EDUCATION AL OPPORTUNITIES AIMED AT IMPROVING THE HEALTH STATUS OF RESIDENTS, PARTICULARLY IN REGARD S TO PREVENTION/REDUCTION OF OBESITY RATES ST JOSEPH REGIONAL HEALTH CENTER IS PART OF A HEALTH SYSTEM, WHICH INCLUDES FIVE RURAL CLINICS, FOUR EXPRESS CARE CLINICS AND FOUR ACUT E CARE FACILITIES, ONE FREE-STANDING EMERGENCY ROOM, AS WELL AS PARTNERING WITH BRAZOS VAL LEY COMMUNITY ACTION AGENCY ON FIVE FEDERALLY QUALIFIED HEALTH CLINICS RURAL HEALTH CLINI CS ARE LOCATED IN CALDWELL, LEXINGTON, MADISONVILLE, FRANKLIN, AND NORMANGEE THE ACUTE CA RE FACILITIES ARE ST JOSEPH REGIONAL HEALTH CENTER (BRYAN), BURLESON ST JOSEPH HEALTH C ENTER (CALDWELL), GRIMES ST JOSEPH HEALTH CENTER (NAVASOTA), AND MADISON ST JOSEPH HEALT H CENTER (MADISONVILLE) ST JOSEPH EXPRESS CARE FACILITIES ARE LOCATED IN SOUTH COLLEGE S TATION, BRYAN, BRENHAM, AND HEARNE THE EXPRESS CARE FACILITIES PROVIDE SERVICES RELATED T O MINOR INJURIES, ROUTINE CHECK-UPS, PHYSICALS AND DRUG SCREENINGS, AS WELL AS LABORATORY AND IMAGING SERVICES THE FREE-STANDING EMERGENCY ROOM IS LOCATED IN SOUTH COLLEGE STATION FEDERAL QUALIFIED HEALTH CLINICS ARE LOCATED IN HEARNE, CENTERVILLE AND SOMERVILLE ST JOSEPH HEALTH SYSTEM REPRESENTATIVES ALSO SERVE AS MEMBERS OF THE BRAZOS VALLEY HEALTH PAR TNERSHIP, WHICH OPERATES HEALTH RESOURCE CENTERS IN MADISON, BURLESON, LEON, AND GRIMES CO UNTIES HEALTH PROFESSIONALS AT THESE CENTERS PROVIDE CASE MANAGEMENT, REFERRALS, AND SPEC IALTY CARE PRENATAL CARE WAS PROVIDED IN RURAL COMMUNITIES WITH DIRECT REFERRAL TO THE DE LIVERY SITE AT ST JOSEPH REGIONAL HEALTH CENTER THIS DELIVERY SITE PROVIDES MORE COMPREH ENSIVE AND COORDINATED CARE THAN IS AVAILABLE LOCALLY ST JOSEPH REGIONAL HEALTH CENTER C ONTRIBUTES $25,000 ANNUALLY TO THE PRENATAL CLINIC IN BRYAN WHICH PROVIDES PRENATAL CARE F OR UNINSURED MOTHERS AND THOSE COVERED UNDER MEDICAID APPROXIMATELY 95% OF MOTHERS RECEIV ING CARE AT THE PRENATAL CLINIC DELIVER THEIR BABIES AT ST JOSEPH REGIONAL HEALTH CENTER THIS FURTHER IMPROVES THE EARLY ONSET OF PRENATAL CARE AND REDUCES THE NUMBER OF LOW BIRT H-WEIGHT BABIES IN THE BRAZOS VALLEY EXPECTANT PARENTS ARE PROVIDED MANY OPPORTUNITIES FO R EDUCATION BEFORE THE BIRTH OF THEIR CHILD, SUCH AS CHILDBIRTH, NEWBORN CARE, AND BREASTF EEDING, AND CPR/FIRST AID FOR CHILDREN CLASSES THESE CLASSES ARE OFFERED FREE-OF-CHARGE T O MEDICAID RECIPIENTS IN 2011, NINETY-SEVEN (97) MOTHERS UTILIZED THIS FREE SERVICE ADDI TIONALLY, TEENAGE MOTHERS DELIVERING BABIES AT ST JOSEPH RECEIVE A POST-PARTUM CONSULTATI ON WITH SOCIAL SERVICES AND ARE REFERRED TO OTHER COMMUNITY AGENCIES AS NEEDED HEALTH EDU CATORS FROM SJRHC PROVIDE INFORMATION AND RESOURCES FOR THE TEEN PARENTING CLASSES AT SCHO OL DISTRICTS IN THE BRAZOS VALLEY CONSISTENT WITH ITS MISSION AND VALUES, ST JOSEPH REGI ONAL HEALTH CENTER AND GRIMES ST JOSEPH COMBINED PROVIDED $21,318,931 OF UNREIMBURSED COS TS OF CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE IN 2011 TO BRAZOS AND SUR ROUNDING COUNTIES AS A REGIONAL HEALTH PROVIDER, WE MONITOR THE COMMUNITIES WE SERVE AND MAINTAIN A COMMUNITY BENEFITS PLAN TO MEET THE CHANGING HEALTHCARE NEEDS OF OUR REGION ST JOSEPH CONTINUES TO WORK WITH COUNTY HEALTH RESOURCE CENTERS (LEON, BURLESON, GRIMES AND MADISON COUNTIES) WHICH WERE DEVELOPED UNDER THE BRAZOS VALLEY HEALTH PARTNERSHIP (BVHP) C REATED TO FACILITATE THE DEVELOPMENT OF HEALTH RESOURCES IN THE COUNTIES OF THE BRAZOS VAL LEY BY INITIATING COMMUNITY HEALTH PROMOTION PROGRAMS AND PARTNERING WITH ORGANIZATIONS S UCH AS BVHP, ST JOSEPH SEEKS TO DECREASE THE INCIDENCE AND SEVERITY OF CONDITIONS AND DISE ASES INDICATED IN HEALTH STATUS ASSESSMENTS IN 2011, ST JOSEPH BEGAN TO DEVELOP PROGRAMS AND APPROACHES TO ADDRESS OBESITY AND ITS HEALTH IMPACT, GIVEN IT IS THE MOST SIGNIFICANT HEALTH PROBLEM IN EVERY COUNTY ST JOSEPH SERVES SCHEDULE H, PART I, LINE 7 A) CHARITY C ARE - RCC, B) B) MEDICAID - COST ACCOUNTING DATA WAS USED OR ACTUAL GENERAL LEDGER DATA B AD DEBT REMOVED AND ESTIMATED COST OF CHARITY WAS REMOVED, C) C) OTHER GOVERNMENT PROGRAMS - SAME AS MEDICAID, E) COMMUNITY HEALTH IMPROVEMENT SERVICE - SPECIALIZED SOFTWARE LYON S OFTWARE, F) RESIDENT'S COST - GENERAL LEDGER ACTUAL SUBSIDIES TO RESIDENCY PROGRAM REDUCED BY MCF GME G) SUBSIDIZED HEALTH SERVICES - SAME AS MEDICAID, I) CONTRIBUTIONS - ACTUAL G ENERAL LEDGER EXPENSE SCHEDULE H, PART I, LINE 7, COLUMN F BAD DEBT EXPENSES OF $32,779,823 INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN A, WERE SUBTRACTED FROM TOTAL EXPENSES FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN SCHEDULE H, PART I, LINE 7G ST JOSEPH REGIONAL HEALTH CENTER IS PART OF A HEALTH

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I		SYSTEM, WHICH INCLUDES FIVE RURAL CLINICS, FOUR EXPRESS CARE CLINICS AND FOUR ACUTE CARE FACILITIES, ONE FREE-STANDING EMERGENCY ROOM, AS WELL AS PARTNERING WITH BRAZOS VALLEY COM MUNITY ACTION AGENCY ON FIVE FEDERALLY QUALIFIED HEALTH CLINICS RURAL HEALTH CLINICS ARE LOCATED IN CALDWELL, LEXINGTON, MADISONVILLE, FRANKLIN, AND NORMANGEE THE ACUTE CARE FACI LITIES ARE ST JOSEPH REGIONAL HEALTH CENTER (BRYAN), BURLESON ST JOSEPH HEALTH CENTER (CALDWELL), GRIMES ST JOSEPH HEALTH CENTER (NAVASOTA), AND MADISON ST JOSEPH HEALTH CENTER (MADISONVILLE) ST JOSEPH EXPRESS CARE FACILITIES ARE LOCATED IN SOUTH COLLEGE STATION, BRYAN, BRENHAM, AND HEARNE THE EXPRESS CARE FACILITIES PROVIDE SERVICES RELATED TO MINOR INJURIES, ROUTINE CHECK-UPS, PHYSICALS AND DRUG SCREENINGS, AS WELL AS LABORATORY AND IMAG ING SERVICES THE FREE-STANDING EMERGENCY ROOM IS LOCATED IN SOUTH COLLEGE STATION FEDERA L QUALIFIED HEALTH CLINICS ARE LOCATED IN HEARNE, CENTERVILLE AND SOMERVILLE ST JOSEPH H EALTH SYSTEM REPRESENTATIVES ALSO SERVE AS MEMBERS OF THE BRAZOS VALLEY HEALTH PARTNERSHIP , WHICH OPERATES HEALTH RESOURCE CENTERS IN MADISON, BURLESON, LEON, AND GRIMES COUNTIES HEALTH PROFESSIONALS AT THESE CENTERS PROVIDE CASE MANAGEMENT, REFERRALS, AND SPECIALTY CA RE PRENATAL CARE WAS PROVIDED IN RURAL COMMUNITIES WITH DIRECT REFERRAL TO THE DELIVERY S ITE AT ST JOSEPH REGIONAL HEALTH CENTER THIS DELIVERY SITE PROVIDES MORE COMPREHENSIVE A ND COORDINATED CARE THAN IS AVAILABLE LOCALLY ST JOSEPH REGIONAL HEALTH CENTER CONTRIBUT ES $25,000 ANNUALLY TO THE PRENATAL CLINIC IN BRYAN WHICH PROVIDES PRENATAL CARE FOR UNINS URED MOTHERS AND THOSE COVERED UNDER MEDICAID APPROXIMATELY 95% OF MOTHERS RECEIVING CARE AT THE PRENATAL CLINIC DELIVER THEIR BABIES AT ST JOSEPH REGIONAL HEALTH CENTER THIS FU RTHER IMPROVES THE EARLY ONSET OF PRENATAL CARE AND REDUCES THE NUMBER OF LOW BIRTH-WEIGHT BABIES IN THE BRAZOS VALLEY EXPECTANT PARENTS ARE PROVIDED MANY OPPORTUNITIES FOR EDUCAT ION BEFORE THE BIRTH OF THEIR CHILD, SUCH AS CHILDBIRTH, NEWBORN CARE, AND BREASTFEEDING, AND CPR/FIRST AID FOR CHILDREN CLASSES THESE CLASSES ARE OFFERED FREE-OF-CHARGE TO MEDICA ID RECIPIENTS IN 2011, NINETY-SEVEN (97) MOTHERS UTILIZED THIS FREE SERVICE ADDITIONALLY , TEENAGE MOTHERS DELIVERING BABIES AT ST JOSEPH RECEIVE A POST-PARTUM CONSULTATION WITH SOCIAL SERVICES AND ARE REFERRED TO OTHER COMMUNITY AGENCIES AS NEEDED HEALTH EDUCATORS F ROM SJRHC PROVIDE INFORMATION AND RESOURCES FOR THE TEEN PARENTING CLASSES AT SCHOOL DISTR ICTS IN THE BRAZOS VALLEY LOCAL AND REGIONAL PARTNERSHIPS ARE ESSENTIAL IN THE PROMOTION OF IMMUNIZATION EDUCATION THROUGHOUT THE BRAZOS VALLEY DAYCARE FACILITIES, PHYSICIAN OFFI CES, HEALTH FAIRS, CHURCHES, AND SCHOOL DISTRICTS ALL PROVIDED AVENUES FOR PARENTS AND CAR EGIVERS TO RECEIVE IMMUNIZATION EDUCATION IN BRYAN, ST JOSEPH REGIONAL HEALTH CENTER CO- SPONSORS "SHOTS FOR TOTS AND TEENS" WITH THE BRAZOS COUNTY HEALTH DEPARTMENT THIS MONTHLY FREE IMMUNIZATION CLINIC FOR CHILDREN AGES TWO MONTHS TO TWELVE YEARS, PROVIDED IMMUNIZAT IONS TO 113 CHILDREN IN 2011 MANY OF THESE PARTICIPANTS WERE INFANTS RECEIVING IMMUNIZATI ONS FOR THE FIRST TIME IN JULY, ST JOSEPH HEALTHY COMMUNITIES PARTNERED WITH COMMUNITY O RGANIZATIONS AND HOSTED "OPERATION HEALTH KIDS" IN ADDITION TO FREE IMMUNIZATIONS, SEVEN TEEN CHILDREN RECEIVED FREE HEIGHT, WEIGHT, HEARING, VISION, AND DEVELOPMENTAL SCREENINGS IMMUNIZATIONS AT SHOTS FOR TOTS AND TEENS ARE PROVIDED BY THE BRAZOS COUNTY HEALTH DEPART MENT THROUGH THE VACCINES FOR CHILDREN PROGRAM ST JOSEPH REGIONAL HEALTH CENTER SPONSORS A "BEST BETS" HEALTHY DINING PROGRAM IN PARTNERSHIP WITH MORE THAN A DOZEN LOCAL RESTAURA NTS AND A MAJOR GROCERY STORE CHAIN TO PROVIDE HEALTH MENU ITEMS AND HEALTH FOOD CHOICES T O THE PUBLIC

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III		Schedule H, Form 990, Part III, Line 4 NOTE NO FOOTNOTE IN AUDITED FINANCIAL STATEMENTS DESCRIPTION OF BAD DEBT EXPENSE IS AS FOLLOWS USING A TEMPLATE SIMILAR TO THE TEMPLATE USED TO ESTIMATE MONTHLY CONTRACTUAL ALLOWANCE FOR ACCOUNTS RECEIVABLE ACCOUNTS IS ALSO USED FOR BAD DEBT ALLOWANCE USING A PRIMARY INSURANCE GROUP AR AGING REPORT AND A CURRENT INSURANCE GROUP AR AGING REPORT FROM THE MEDITECH SYSTEM, SELF-PAY AR BALANCES ARE ENTERED INTO THE TEMPLATE SELF-PAY AR IS MULTIPLIED BY AN ESTIMATED BAD DEBT PERCENTAGE THIS PERCENTAGE IS BASED ON HISTORICAL COLLECTIONS PROVIDED BY DECISION SUPPORT A CREDIT IS MADE TO THE BAD DEBT ALLOWANCE ACCOUNT TO RECORD THE ESTIMATE WITH AN OFF-SETTING DEBIT TO BAD DEBT EXPENSE CHARITY ALLOWANCE IS CALCULATED AS 100% OF THE CHARITY PAYOR CLASS A CREDIT IS MADE TO THE CHARITY ALLOWANCE ACCOUNT TO RECORD THE ESTIMATE WITH AN OFF-SETTING DEBIT TO THE CHARITY EXPENSE ACCOUNT CHARITY AND BAD DEBT ARE REPORTED SEPARATELY BASED ON A HISTORICAL PERCENTAGE FORM 990, PART III, LINE 8 THERE IS NO SHORTFALL USING COST REPORT INFORMATION FORM 990, PART III, LINE 9B IN ACCORDANCE WITH ST JOSEPH HEALTH SYSTEM POLICY #17 "ST JOSEPH HEALTH SYSTEM HAS ESTABLISHED THE FOLLOWING PAYMENT OPTIONS TO ASSIST GUARANTORS OF PATIENT ACCOUNTS IN DISCHARGING THEIR FINANCIAL RESPONSIBILITIES TO THE HOSPITAL A COMPLETED FINANCIAL ASSISTANCE (UNCOMPENSATED SERVICES) APPLICATION ACCOMPANIED BY THE REQUIRED DOCUMENTATION WHICH ESTABLISHES THE QUALIFICATIONS FOR A FINANCIAL ASSISTANCE (CHARITY) DISCOUNT AT OR PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES IF THE SERVICES ARE SCHEDULED IF UNSCHEDULED SERVICES ARE PROVIDED, THE FINANCIAL ASSISTANCE (UNCOMPENSATED SERVICES) APPLICATION AND DOCUMENTATION MUST BE COMPLETED AND PROVIDED TO A SJHS TEAM MEMBER AT THE DATE DETERMINED BY THE SJHS TEAM MEMBER FINANCIAL ASSISTANCE (UNCOMPENSATED CARE) COLLECTION PROCESS - UNTIL FINANCIAL ASSISTANCE (CHARITY CARE/UNCOMPENSATED CARE) HAS BEEN DETERMINED EITHER BY A COMPLETED AND APPROVED FINANCIAL ASSISTANCE APPLICATION OR BY THE PATIENT/RESPONSIBLE PARTY'S RESIDENCE BEING IN AN IMPOVERISHED ZIP CODE WHICH QUALIFIES FOR FINANCIAL ASSISTANCE PER THE SYSTEM FINANCIAL ASSISTANCE POLICY (SJHS #70), THE STANDARD COLLECTION PROCESS REQUIRING PAYMENT FOR THE ACCOUNT WILL BE ENFORCED LASTLY, A PATIENT MAY QUALIFY AS AN UNINSURED PATIENT AND RECEIVE A DISCOUNT FROM BILLED CHARGES IF THEY ARE NOT CURRENTLY RECEIVING ASSISTANCE UNDER SJHS'S FINANCIAL ASSISTANCE POLICY, AND EITHER THE PATIENT MUST NOT HAVE ANY HEALTH INSURANCE COVERAGE, OR, THE PROCEDURE TO THE PATIENT MUST NOT BE COVERED BY THE HEALTH INSURANCE BENEFITS, AS CONFIRMED BY THE HEALTH BENEFITS PLAN

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT		IN SERVING OUR COMMUNITY, ST JOSEPH REGIONAL HEALTH CENTER ASSESSES COMMUNITY HEALTH NEEDS ON AN ON-GOING BASIS USING A VARIETY OF INFORMATION, ALTHOUGH THE PRIMARY ASSESSMENT TOOL IS THE BRAZOS VALLEY HEALTH ASSESSMENT SURVEY USING INFORMATION FROM NEEDS ASSESSMENTS, WE WORK TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH THE DELIVERY OF CHARITY AND UNREIMBURSED INDIGENT HEALTH CARE, ACCESS TO PRIMARY CARE THROUGH NETWORK DEVELOPMENT IN OUR REGION, AND COMMUNITY-BASED HEALTH EDUCATION AWARENESS AND PREVENTION PROGRAMS GRIMES ST JOSEPH HEALTH CENTER IS AN INTEGRAL PART OF ST JOSEPH REGIONAL HEALTH CENTER AND SPECIFIC AMOUNTS FOR GRIMES HAVE BEEN QUOTED SEPARATELY IN THIS DOCUMENT WHERE AVAILABLE COMMUNITY HEALTH INITIATIVES COMPLETED BY ST JOSEPH IN 2011 WERE BASED ON RESULTS FROM THE 2010 BRAZOS VALLEY HEALTH STATUS ASSESSMENT, AS WELL AS STATE AND NATIONAL DATA THESE SOURCES IDENTIFIED THE LEADING CAUSES OF DEATH IN THE BRAZOS VALLEY AS CORONARY HEART DISEASE, CANCER, STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND DIABETES THE MOST FREQUENTLY REPORTED CHRONIC DISEASES AND CONDITIONS INCLUDED OBESITY, HYPERTENSION, HIGH CHOLESTEROL, ARTHRITIS, RHEUMATISM, DIABETES, CONGESTIVE HEART FAILURE, EMPHYSEMA AND COPD ST JOSEPH REGIONAL HEALTH CENTER REPRESENTATIVES, THROUGH THE BRAZOS VALLEY HEALTH PARTNERSHIP, WERE INVOLVED IN THE UPDATED HEALTH STATUS ASSESSMENT OF THE BRAZOS VALLEY, WHICH WAS COMPLETED IN SEPTEMBER, 2010 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE INFORMATION CONCERNING FINANCIAL ASSISTANCE FOR PATIENTS IS COMMUNICATED VIA CONSENT FOR ADMISSION AND REGISTRATION COMPLETION, SIGNAGE POSTED IN EMERGENCY ROOMS AND OTHER CONSPICUOUS PATIENT TRAFFIC AREAS, FINANCIAL COUNSELORS, PATIENT COMMUNICATIONS, PATIENT BILLS AND ST JOSEPH HEALTH SYSTEM WEBSITE

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE INFORMATION CONCERNING FINANCIAL ASSISTANCE FOR PATIENTS IS COMMUNICATED VIA CONSENT FOR ADMISSION AND REGISTRATION COMPLETION, SIGNAGE POSTED IN EMERGENCY ROOMS AND OTHER CONSPICUOUS PATIENT TRAFFIC AREAS, FINANCIAL COUNSELORS, PATIENT COMMUNICATIONS, PATIENT BILLS AND ST JOSEPH HEALTH SYSTEM WEBSITE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION		ST JOSEPH REGIONAL HEALTH CENTER PROVIDES HEALTH SERVICES TO AN AREA THAT EXCEEDS SEVEN COUNTIES IN THE BRAZOS VALLEY THE SEVEN PRIMARY COUNTIES INCLUDE BRAZOS, LEON, MADISON, BURLESON, GRIMES, WASHINGTON AND ROBERTSON COUNTIES 60% OF THE TOTAL POPULATION SERVED IS LOCATED IN THE BRYAN-COLLEGE STATION METROPOLITAN AREA, MAKING BRAZOS COUNTY THE SYSTEM'S PRIMARY SERVICE AREA THE OTHER SIX COUNTIES CUMULATIVELY ACCOUNT FOR 40% OF THE INPATIENT ADMISSIONS TO THE REGIONAL HEALTH CENTER IN BRYAN

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH		A TOTAL OF 8,253 LIVES WERE AFFECTED BY THE FOLLOWING COMMUNITY HEALTH IMPROVEMENT ADVOCAC Y PROGRAMS COMMUNITY HEALTH IMPROVEMENT ADVOCACY TOBACCO CESSATION INPATIENT PROGRAMS AT ST JOSEPH REGIONAL HEALTH CENTER PROVIDE TOBACCO CESSATION EDUCATION EVERY INDIVIDUAL WH O IS ADMITTED TO ST JOSEPH REGIONAL HEALTH CENTER WHO HAS USED TOBACCO PRODUCTS WITHIN TH E LAST YEAR IS OFFERED COUNSELING AND LITERATURE ON TOBACCO CESSATION ST JOSEPH REGIONAL HEALTH CENTER, ALONG WITH THE COLLEGE STATION MEDICAL CENTER, ADOPTED A SMOKE-FREE CAMPUS POLICY, WHICH COMPELS PATIENTS, VISITORS, AND STAFF TO REFRAIN FROM SMOKING WHILE ON HEAL TH CARE CAMPUSES AND HELPS CREATE THE HEALTHIEST ENVIRONMENT POSSIBLE FOR GUESTS DIABETES MANAGEMENT EDUCATION ST JOSEPH REGIONAL HEALTH CENTER PROVIDES COMMUNITY EDUCATION FOR D IABETES PREVENTION AND MANAGEMENT A CERTIFIED DIABETES EDUCATOR AND A DIETITIAN TEACH MON THLY DIABETES EDUCATION CLASSES FOR DIABETICS AND THEIR GUESTS FIVE COMMUNITY HEALTH EDUC ATION SEMINARS PROMOTING DIABETES AWARENESS WERE ALSO OFFERED IN AND AROUND THE BRAZOS VAL LEY IN 2011, THIS PROGRAM REACHED OVER 143 RESIDENTS SUPPORT GROUPS HAVING A SUPPORT SYS TEM IS ESSENTIAL TO OUR COMMUNITY'S HEALTH AND WELL BEING ST JOSEPH REGIONAL HEALTH CENT ER PUBLICATIONS AND WEBSITE HIGHLIGHT A LISTING OF FIFTEEN (15) AREA SUPPORT GROUPS OFFERE D AT ST JOSEPH FACILITIES AND THROUGHOUT THE COMMUNITY SENIOR LIFE SERVICES AS OUR POPUL ATION AGES, CARE FOR SENIOR CITIZENS BECOMES INCREASINGLY IMPORTANT ST JOSEPH REGIONAL H EALTH CENTER, THROUGH ITS AFFILIATES, OFFERS THIS GROUP MANY OPPORTUNITIES FOR CARE AND GR OWTH, INCLUDING THE ST JOSEPH MANOR IN BRYAN AND THE BURLESON ST JOSEPH MANOR IN CALDWEL L THE GOLD MEDALLION CLUB PROVIDES EDUCATION, SOCIAL OUTINGS, AND HOSPITAL BENEFITS FOR O VER 4,100 MEMBERS ST JOSEPH HELPLINE, AN IN-HOME PERSONAL EMERGENCY RESPONSE SERVICE, OF FERS SAFETY, SECURITY AND INDEPENDENCE TO 560 SENIORS TO SAFELY LIVE AT HOME FIFTY-FIVE (55) HELPLINE SUBSCRIBERS RECEIVE A DISCOUNTED RATE BASED ON THEIR INCOME LIFELONG FITNESS IS ALSO ENCOURAGED THROUGH THE ST JOSEPH WELLNESS PROGRAM OTHER EDUCATIONAL OPPORTUNITI ES OVER 2,800 RESIDENTS OF THE BRAZOS VALLEY BENEFITED FROM SEVENTY-TWO (72) FREE EDUCATIO NAL SEMINARS IN 2011 TOPICS PRESENTED IN THESE SEMINARS INCLUDED ALZHEIMER'S DISEASE, ART HRITIS, CANCER AWARENESS, SLEEP DISORDERS, DIABETES MANAGEMENT, HEALTHY EATING, HEART HEAL TH AND STROKE PREVENTION EDUCATION IS PROVIDED ON AREAS OF NEED IDENTIFIED BY THE HEALTH STATUS ASSESSMENT, AS WELL AS PREVENTION AND REHABILITATION FOR A VARIETY OF OTHER HEALTH ISSUES HEALTH EDUCATION OPPORTUNITIES CONTINUED OUTSIDE OF BRAZOS COUNTY, WITH EDUCATIONA L SEMINARS PRESENTED IN LEON, ROBERTSON, GRIMES, MADISON, AND BURLESON COUNTIES A CERTIFI ED CHILD PASSENGER SAFETY TECHNICIAN WITH THE ST JOSEPH COMMUNITY HEALTH SERVICES DEPARTM ENT OFFERS FREE EDUCATION TO PARENTS AND GUARDIANS AND FREE INSTALLATIONS FOR CAR AND BOOS TER SEATS THE PROPER USE OF CHILD SAFETY SEATS REDUCES THE RISK OF INJURY AND DEATH, LEAD ING TO REDUCED MEDICAL COSTS, AVOIDANCE OF LOSS OF FUTURE EARNINGS, AND IMPROVED QUALITY O F LIFE IN 2011, THIS PROGRAM REACHED 430 RESIDENTS IN THE BRAZOS VALLEY ST JOSEPH PUBLI CATIONS AND MEDIA SPONSORSHIPS HIGHLIGHT HEALTH EDUCATION INFORMATION SUCH AS THE LOCAL "H EALTH SCENE" SEGMENT ON BRYAN/COLLEGE STATION'S CBS TELEVISION AFFILIATE AND HEALTH NEWSLE TTERS TO THE COMMUNITY ST JOSEPH ALSO SERVES AS THE MAJOR SPONSOR TO SEVERAL LARGE, COMM UNITY WIDE HEALTH EDUCATION EVENTS, SUCH AS THE SURVIVING AND THRIVING BREAST CANCER LUNCH EON AND THE TEXAS BRAIN AND SPINE INSTITUTES ANNUAL PUBLIC SYMPOSIUM CASE MANAGEMENT SJRH C CASE MANAGEMENT HELPS INDIGENT PATIENTS WITH THEIR MEDICAL NEEDS IN 2011, CASE MANAGEME NT PROVIDED FINANCIAL ASSISTANCE TOTALING $13,716 TO 220 PATIENTS FOR MEDICATIONS, DURABLE MEDICAL EQUIPMENT AND TRANSPORTATION THE COMMUNITY NEEDS ACTIVITIES OF CASE MANAGEMENT A CCOUNTED FOR 38 1% OF THE NET COMMUNITY BUILDING EXPENSE REPORTED IN PART I, LINE 7E COLUM N (E) COMMUNITY HEALTH IMPROVEMENT ADVOCACY SPONSORED BY GRIMES ST JOSEPH HEALTH CENTER (GRIMES ST JOSEPH) 2 SENIOR ADMINISTRATORS ARE ON THE BOARD OF THE GRIMES COUNTY HEALTH R ESOURCE COMMISSION (GCHRC) THIS COMMISSION, MADE UP OF A VOLUNTEER BOARD, IS VERY ACTIVE IN THE COMMUNITY, AND IS THE GOVERNING BODY OVER THE GRIMES HEALTH RESOURCE CENTER (GHRC) GRIMES ST JOSEPH ALSO DONATES THE SPACE FOR THE CENTER AS WELL AS TELEPHONE AND INTERNET SERVICES THIS CENTER HAS SEVERAL FUNCTIONS IT IS AN INFORMATION AND REFERRAL SITE FOR M ULTIPLE SOCIAL AND HEALTH SERVICES, INCLUDING MEDICATION ASSISTANCE, LONE STAR LEGAL AID, FAMILY AND PARENTING RESOURCES, SUPPORT GROUPS, HEALTH EDUCATION CLASSES AND MORE THE GHR C ALSO OPERATES A VOLUNTEER DRIVEN, COMPLETELY FREE, TRANSPORTATION PROGRAM THE TRANSPORT ATION PROGRAM OFFERS FREE RIDES TO COUNTY RESIDENTS FOR ALL HEALTH RELATED SERVICES, INCLU DING DOCTOR OR THERAPY APPOINTMENTS, RIDES TO PIC

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH		K UP MEDICATIONS, AND TRIPS TO THE GROCERY STORE AN AVERAGE OF 60 CLIENTS PER MONTH ARE G IVEN HELP WITH TRANSPORTATION OR OTHER SERVICES OR GIVEN INFORMATION AND REFERRAL TO AREA RESOURCES 1 SENIOR ADMINISTRATOR REPRESENTS GRIMES COUNTY ON THE BOARD OF THE BRAZOS VALL EY HEALTH PARTNERSHIP (BVHP) THE BVHP PARTNERS WITH TEXAS A&M UNIVERSITY'S CENTER FOR COM MUNITY HEALTH DEVELOPMENT IN THE SCHOOL OF RURAL PUBLIC HEALTH TO IMPROVE ACCESS TO HEALTH SERVICES IN THE BRAZOS VALLEY ONE OF THE LARGEST PROJECTS OF THE BVHP IN 2011 WAS TO RAI SE FUNDS AND TO CONTRACT TO CONDUCT AN AREA WIDE HEALTH STATUS ASSESSMENT BVHP COORDINATE D KEY LEADER MEETINGS AND COMMUNITY DISCUSSION GROUPS TO ADD TO THE ASSESSMENT FINDINGS A T THE END OF THE ASSESSMENT, BVHP HOSTED A HEALTH SUMMIT TO DISTRIBUTE THE FINDINGS AND TO DISCUSS COMMUNITY NEEDS AND POTENTIAL FOR MEETING THOSE NEEDS GSJ STAFF ASSISTED WITH AT HLETIC PHYSICALS FOR JUNIOR HIGH AND HIGH SCHOOL ATHLETES THEY COORDINATED A LOCAL FAMILY PRACTICE PHYSICIAN TO DONATE HIS TIME WITH GRIMES ST JOSEPH STAFF TO CHECK HEIGHT, WEIGH T AND BLOOD PRESSURES THEY LOANED THE HIGH SCHOOL A BLOOD PRESSURE MACHINE FOR THE DAY G RIMES ST JOSEPH STAFF SPENT A FULL DAY IN PARTICIPATING IN AG DAY WITH GRIMES COUNTY 4TH GRADERS (375 YOUTH) WHERE THEY LEARNED HOW AND WHEN TO CALL 911 AND FIRE SAFETY GRIMES ST JOSEPH PARTICIPATED IN HEALTH FAIRS REGULARLY SUCH AS HEATH CIRCUS AT NAVASOTA INTERMEDI ATE SCHOOL, SHAC'S STAY ON TRACK WITH SHAC HEATH FAIR, RED CROSS HEALTH AND SAFETY DAY AND SENIOR DAY AT THE COUNTY FAIR GRIMES ST JOSEPH HEALTH CENTER PARTNERS WITH AREA PHYSICI ANS, THE SCHOOL OF RURAL PUBLIC HEALTH AT TAMU, AREA NURSING SCHOOLS, THE CITY OF NAVASOTA AND TEXAS AGRI-LIFE EXTENSION SERVICE TO HOLD COMMUNITY EDUCATION EVENTS THIS INCLUDES S EVERAL FREE HEALTH RELATED SEMINARS IN THE COMMUNITY ON TOPICS SUCH AS BENEFITS OF EXERCI SE, STROKE AWARENESS, O BESITY RELATED HEALTH ISSUES, AND CANCER TREATMENT AND RESOURCES S EVERAL OF THE STAFF TAUGHT THE 6 WEEK COURSE ON DIABETES MANAGEMENT TITLED DO WELL BE WEL L WITH DIABETES GRIMES ST JOSEPH IS ALSO HOME TO SEVERAL OTHER CLASSES INCLUDING MATTER OF BALANCE, CHRONIC DISEASE SELF MANAGEMENT AND MEMORY/DEMENTIA ISSUES GRIMES ST JOSEPH GAVE OUT OVER 50 FLU SHOTS AT NO CHARGE IN DRIVE THROUGH FLU SHOT CLINICS AND DURING OUR HEALTH FAIR THE STAFF ALSO WENT TO SEVERAL LOCAL INDUSTRIES TO GIVE FLU SHOTS AND OFFER M INI HEALTH FAIRS AT THEIR FACILITY COMMUNITY SUPPORT ST JOSEPH REGIONAL HEALTH CENTER IS ACTIVE IN PROVIDING STIMULATING CLINICAL ENVIRONMENTS FOR THE STUDENT THAT MAXIMIZE UTILI ZATION OF COMMUNITY RESOURCES, DEVELOPS EXCELLENCE IN EDUCATION AND PROMOTES QUALITY PATIE NT CARE NOW AND IN THE FUTURE BY PROVIDING QUALITY LEARNING FOR VARIOUS CLINICAL ARENAS TH ROUGHOUT THE HOSPITAL THESE ARRANGEMENTS ARE CALLED AFFILIATION AGREEMENTS THE FOLLOWING IS A LIST INSTITUTIONS AND DISCIPLINES IN WHICH SJRHC HAS PARTNERED IN THE STUDENT'S LEAR NING EXPERIENCE - TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER - PHARMACY, NURSING, CLINICAL MEDICAL EDUCATION, REHAB, NUTRITION SERVICES - MERIDIAN INSTITUTE OF SURGICAL ASS ISTING, INC - SURGICAL ASSISTANCE - BLINN COLLEGE- SURGICAL TECHNOLOGY, COMMUNITY RELATIONS - OHIO STATE UNIVERSITY, COLLEGE OF MEDICINE, SCHOOL OF ALLIED MEDICAL PROFESSIONS - PHYS ICAL THERAPY - TEXAS STATE UNIVERSITY AT SAN MARCOS - SOCIAL SERVICES, MEDICAL RECORDS - T EXAS ENGINEERING EXTENSION SERVICE - EMERGENCY MEDICAL SERVICES - UNIVERSITY OF CENTRAL AR KANSAS - PHYSICAL THERAPY - ABILENE CHRISTIAN UNIVERSITY - REHAB - PRAIRIE VIEW A&M UNIVER SITY - SOCIAL SERVICES - ANGELO STATE UNIVERSITY - PHYSICAL THERAPY - TEXAS WOMAN'S UNIVER SITY - NURSING, PHYSICAL THERAPY - UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - PHYSI CAL THERAPY - MCLENNAN COMMUNITY COLLEGE - PHYSICAL THERAPY - UNIVERSITY OF EVANSVILLE - P HYSICAL THERAPY - UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS - PHYSICAL THE RAPY - BAYLOR UNIVERSITY - PHYSICAL THER

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM		ST JOSEPH REGIONAL EMERGENCY MEDICAL SERVICES (SJR EMS) SJREMS IS THE OLDEST PRIVATE PRE-HOSPITAL EMERGENCY MEDICAL SERVICE IN THE BRAZOS COUNTY AND OPERATES A FLEET OF 14 AMBULAN CES, STAFFED BY EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS WHO RESPOND TO MORE THAN 15,0 00 SERVICE REQUESTS EACH YEAR SJREMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDES THE BRYAN-COLLEGE STATION AREA AS WELL AS BURLESON, GRIMES AND MADISON COUNTIES COLLECTIVELY , THE GOAL OF SJR EMS IS TO OFFER HIGH QUALITY PRE-HOSPITAL MEDICINE WITH COMPASSION TO AL L WITHIN THE BRAZOS VALLEY IN BRYAN-COLLEGE STATION, SJR EMS PROVIDES NON-EMERGENCY MEDIC AL RESPONSE, CRITICAL GROUND AMBULANCE TRANSPORTATION, AND BACK-UP TO THE BRYAN AND COLLEG E STATION FIRE DEPARTMENTS, WHICH ARE THE PRIMARY 911 EMERGENCY MEDICAL RESPONDERS IN BRAZ OS COUNTY IN BURLESON AND GRIMES COUNTIES, ST JOSEPH HOLDS THE 911 EMERGENCY RESPONSE CO NTRACTS SJR EMS CURRENTLY SERVES 12 MUNICIPALITIES WITH ADVANCED LIFE SUPPORT CARE FROM 8 UNITS LOCATED IN BEDIAS, NAVASOTA, SOMERVILLE, CALDWELL, STONEHAM, MADISONVILLE, BRYAN, A ND COLLEGE STATION SERVING AS A GATEWAY FOR SURROUNDING FACILITIES WITH 150,000 SQUARE MIL E SERVICE AREA IN 2011, SJR EMS RESPONDED TO A TOTAL OF 13,685 911 CALLS AND NON-EMERGENC Y CALLS THESE CALLS INCLUDED SERVICES TO RURAL RESIDENTS THREE SJR EMS AMBULANCES ARE HO USED IN GRIMES COUNTY, ONE OF WHICH IS LOCATED IN THE RURAL COMMUNITY OF STONEHAM THIS LO CATION WAS CHOSEN AFTER RESEARCH OF THE POPULATION GROWTH BY THE EMS DIRECTOR, TASK FORCE AND 911 COORDINATOR, WITH A GOAL OF REDUCING AMBULANCE RESPONSE TIME NOT ONLY IS RAPID RE SPONSE CRITICAL WITH TRAUMA PATIENTS, BUT EARLY RECOGNITION AND TREATMENT FOR HEART ATTACK AND STROKE ARE ESSENTIAL TO SAVING LIVES DEFIBRILLATION IS MOST BENEFICIAL WHEN PERFORME D AS SOON AS POSSIBLE AFTER SUDDEN CARDIAC ARREST HAVING SJR EMS IN THIS RURAL LOCATION H ELPS FULFILL SUCH A NEED IN RURAL GRIMES COUNTY CERTIFIED CHEST PAIN CENTER AND LEVEL II STROKE FACILITY SJRHC, THE FIRST HOSPITAL IN THE REGION TO BECOME A CERTIFIED CHEST PAIN C ENTER, ALSO RECEIVED A FIVE-STAR RATING FROM HEALTHGRADES FOR CORONARY INTERVENTIONAL PROC EDURES, ONE OF THE MOST COMMON PROCEDURES DONE TO HELP IMPROVE BLOOD FLOW TO THE HEART AN IMPORTANT PART OF GOOD CARDIAC OUTCOMES, ESPECIALLY FOR HEART ATTACK PATIENTS, IS RAPID D IAGNOSIS AND INTERVENTION IN 2011 SJRHC WAS ABLE TO CLINICALLY INTERVENE IN 100% OF HEART ATTACK PATIENTS WITHIN 90 MINUTES OF ARRIVAL TO THE EMERGENCY ROOM THAT LEVEL OF PERFORM ANCE HAS BEEN SHOWN TO SAVE LIVES AND REQUIRES TREMENDOUS TEAMWORK AND DEDICATION SJRHC I S THE ONLY FACILITY THAT IS BOTH A LEVEL II STATE CERTIFIED FACILITY AND IS ACCREDITED BY THE JOINT COMMISSION AS A CERTIFIED PRIMARY STROKE CENTER THE DEPARTMENT OF STATE HEALTH SERVICES HAS DESIGNATED SJRHC AS A STATE OF TEXAS PRIMARY (LEVEL II) STROKE FACILITY - THE FIRST SUCH DESIGNATION IN THE REGION THIS DESIGNATION REPRESENTS THE COMMITMENT THAT SJR HC HAS TOWARDS TREATING PATIENTS WITH STROKE IN OUR COMMUNITY THE STROKE CENTER IS COMPRI SED OF A LARGE TEAM OF MEDICAL SPECIALISTS THAT ARE ABLE TO PROVIDE AROUND-THE-CLOCK CARE FOR PATIENTS SUFFERING FROM A STROKE IN ORDER TO RECEIVE A LEVEL II STROKE FACILITY DESIG NATION, A HOSPITAL MUST BE ABLE TO PROVIDE STROKE TREATMENT 24 HOURS A DAY, 7 DAYS A WEEK AND MEET ALL THE REQUIREMENTS SET FORTH BY THE DEPARTMENT OF STATE HEALTH SERVICES PATIEN TS THAT PRESENT TO PRIMARY STROKE CENTERS FOR THEIR CARE HAVE IMPROVED OUTCOMES AS COMPARE D TO PATIENTS THAT DO NOT, UNDERSCORING, THE NEED AND IMPORTANCE OF THIS FACILITY IN THE A REA THE DESIGNATION OF PRIMARY STROKE FACILITY IS NEW AMONG HOSPITALS IN TEXAS THERE ARE ONLY 21 SUCH FACILITIES IN THE STATE AND SJRHC IS CURRENTLY THE ONLY DESIGNATED FACILITY IT ITS REGION THE BRAZOS VALLEY IS IN REGION 7, AS DEFINED BY THE DEPARTMENT OF STATE HEA LTH SERVICES, WHICH INCLUDES 30 COUNTIES SURROUNDING THE REGIONAL HEADQUARTERS IN TEMPLE THIS STATE DESIGNATION IS A REFLECTION OF INCREDIBLE TEAMWORK RURAL HEALTH CLINICS ST JO SEPH'S IS COMMITTED TO RURAL HEALTH AND MEETING THE NEEDS OF RURAL COMMUNITIES THE RURAL CLINICS ARE SET UP IN FURTHERANCE OF OUR MISSION TO PROVIDE EXCELLENT HEALTH CARE AND TO P ROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY IN TOTAL, THE 5 RURAL HEALTH CLINICS HAD 59, 760 PATIENT VISITS ATTENDED TO BY 9 PROVIDERS AND 8 MID-LEVEL PROVIDERS BURLESON COUNTY S T JOSEPH CALDWELL FAMILY MEDICINE CLINIC IS A FAMILY MEDICINE CLINIC PROVIDING HEALTH AND WELLNESS SERVICES TO ADULTS AND CHILDREN THE CLINIC OFFERS A FULL RANGE OF PRIMARY CARE, INCLUDING MINOR EMERGENCIES AND OFFICE SURGERY, GENERAL FAMILY MEDICINE, COMPREHENSIVE AN D ROUTINE PHYSICALS, WELL WOMAN EXAMS, IMMUNIZATIONS, ALLERGY INJECTIONS, MINOR SUTURING, LAB SERVICES, DIAGNOSIS AND TREATMENT OF ACUTE ILLNESS SPECIALISTS VISIT ON A BI-WEEKLY B ASIS LEE COUNTY ST JOSEPH LEXINGTON FAMILY MEDICINE CLINIC IS A FAMILY MEDICINE CLINIC P ROVIDING HEALTH AND WELLNESS SERVICES TO ADULTS AN

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM		D CHILDREN THE CLINIC'S FULL RANGE OF PRIMARY CARE SERVICES INCLUDES PATIENT EDUCATION, S UTURING, TREATMENT OF EYE AND EAR PROBLEMS, COMPREHENSIVE AND ROUTINE PHYSICALS, WELL WOMA N EXAMS, IMMUNIZATIONS, ALLERGY INJECTIONS, INITIAL MANAGEMENT OF PATIENTS AND SOCIAL SERV ICES THEY ALSO OFFER LAB TESTING, MINOR SURGICAL PROCEDURES, CHRONIC MEDICAL CONDITIONING , RADIOLOGY AND ADD TESTING LEON COUNTY ST JOSEPH POWELL MEMORIAL FAMILY HEALTH CENTER I S STAFFED WITH A FULL-TIME PHYSICIAN ASSISTANT THE CLINIC OFFERS A VARIETY OF PRIMARY CAR E SERVICES INCLUDING GENERAL FAMILY MEDICAL SERVICES, CARE FOR MINOR INJURIES AND TEXAS HE ALTH STEP EXAM THE CLINIC ALSO OFFERS BLOOD DRAWS, EKG, ROUTINE AND COMPREHENSIVE PHYSICA LS, PREVENTATIVE HEALTH EXAMS, WELL WOMAN EXAMS, MANAGEMENT OF ACUTE ILLNESSES, ADD/ADHD A ND CARE FOR ACUTE MINOR INJURIES MADISON COUNTY ST JOSEPH NORMANGEE FAMILY HEALTH CENTER IS STAFFED WITH A FULL-TIME PHYSICIAN AND PHYSICIAN ASSISTANT THE CLINIC OFFERS A VARIET Y OF PRIMARY CARE SERVICES INCLUDING GENERAL FAMILY MEDICAL SERVICES, CARE FOR MINOR INJUR IES AND TEXAS HEALTH STEP EXAM THE CLINIC ALSO OFFERS BLOOD DRAWS, ROUTINE AND COMPREHENS IVE PHYSICALS, PREVENTATIVE HEALTH EXAMS, WELL WOMAN EXAMS, MANAGEMENT OF HIGH BLOOD PRESS URE, CHOLESTEROL, DIABETES, ADD/ADHD AND CARE FOR ACUTE MINOR ILLNESS AND INJURIES ST JO SEPH J B HEATH FAMILY HEALTH CENTER OFFERS A FULL RANGE OF PRIMARY CARE SERVICES INCLUDIN G ROUTINE AND COMPREHENSIVE PHYSICALS, IMMUNIZATIONS, PATIENT EDUCATION, PRE-NATAL CARE, P OST-PARTUM CARE AND WELL WOMAN EXAMS THE CLINIC ALSO OFFERS DIAGNOSIS, TREATMENT AND FOLL OW-UP CARE OF ACUTE AND CHRONIC DISEASE PROCESSES WHICH ARE COMMON TO PRIMARY MEDICAL WITH IN THE SKILL RANGE NORMALLY ASSOCIATED WITH FAMILY PHYSICIANS, AS WELL AS MINOR ILLNESSES AND MINOR INJURIES ROBERTSON COUNTY ST JOSEPH FRANKLIN FAMILY MEDICINE CLINIC IS A FAMIL Y MEDICINE CLINIC PROVIDING HEALTH AND WELLNESS SERVICES TO THE FRANKLIN COMMUNITY THE CL INIC'S FULL RANGE OF PRIMARY CARE SERVICES INCLUDES MANAGEMENT OF ACUTE CARE OF MINOR AND CHRONIC ILLNESSES, SUTURING, MINOR SURGICAL PROCEDURES, TREATMENT OF EYE AND EAR PROBLEMS, IMMUNIZATIONS, ROUTINE AND COMPREHENSIVE PHYSICALS, WELL WOMAN EXAMS AND TEXAS HEALTH STE P EXAMS THE CLINIC ALSO OFFERS LABORATORY SERVICES AND DRUG SCREENS, INCLUDING PRE-EMPLOY MENT, RANDOM, DOT AND NON-DOT

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT		ST JOSEPH REGIONAL HEALTH CENTER IS THE ANCHOR FACILITY FOR ST JOSEPH HEALTH SYSTEM, A H EALTH MINISTRY OF THE SISTERS OF ST FRANCIS OF SYLVANIA, OHIO ESTABLISHED IN 1936, SJRHC IS A 255-BED HEALTH CARE CENTER OFFERING THE COMMUNITY'S LEAD LEVEL III TRAUMA CENTER, AN EXTENSIVE INPATIENT AND OUTPATIENT SURGERY PROGRAM, AND IS KNOWN THROUGHOUT THE REGION FO R ITS CARDIAC, CANCER AND REHABILITATION PROGRAMS THE OTHER FACILITIES IN THE ST JOSEPH HEALTH SYSTEM ARE AS FOLLOWS BURLESON ST JOSEPH HEALTH CENTER (BSJHC) IS A 25-BED CRITIC AL ACCESS HOSPITAL IN CALDWELL, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT AND OUT PATIENT SERVICES THE HOSPITAL WAS ESTABLISHED BY BURLESON COUNTY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IT JOINED THE ST JOSEPH HEALTH SYSTEM IN 1995 ST JOSEPH HAS A LONG-TERM LEASE TO MANAGE AND OPERATE BURLESON ST JOSEPH HEALTH CENTER , WHICH IS OWNED BY THE BURLESON COUNTY HOSPITAL DISTRICT AND PROVIDES SERVICES TO AN UNDE RSERVED RURAL COMMUNITY GRIMES ST JOSEPH HEALTH CENTER (GSJHC) IS A 25-BED CRITICAL ACCE SS HOSPITAL IN NAVASOTA, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT, OUTPATIENT, A ND DAY SURGERY SERVICES THE HOSPITAL WAS ESTABLISHED BY GRIMES COUNTY AND HAS BEEN AN INT EGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IN 1996 IT BECAME PART OF ST JOSEPH REGI ONAL HEALTH CENTER ST JOSEPH HAS A LONG-TERM LEASE TO MANAGE AND OPERATE GSJHC, WHICH IS OWNED BY GRIMES COUNTY MADISON ST JOSEPH HEALTH CENTER (MSJHC) IS A 25-BED CRITICAL ACC ESS HOSPITAL IN MADISONVILLE, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT AND OUTPA TIENT SERVICES THE HOSPITAL WAS ESTABLISHED BY MADISON COUNTY AND HAS BEEN AN INTEGRAL PA RT OF THE COMMUNITY SINCE ITS INCEPTION IT JOINED THE ST JOSEPH HEALTH SYSTEM IN 1995 S T JOSEPH OWNS AND OPERATES MSJHC, WHICH SERVES MADISON AND THE SURROUNDING COUNTIES ALL THREE CRITICAL ACCESS HOSPITALS PROVIDE COMPREHENSIVE CARE IN A GENERAL ACUTE CARE HOSPITA L SETTING, OFFERING INPATIENT AS WELL AS OUTPATIENT SERVICES IN EMERGENCY CARE, THERAPY AN D ATHLETIC INJURIES AND MORE THEY OFFER IMAGING SERVICES DURING NORMAL BUSINESS HOURS AND IN SOME CASES AFTER HOURS AND ON WEEKENDS ALL THREE FACILITIES ARE ACCREDITED BY THE JOI NT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) ST JOSEPH HEALTH SYST EM OPERATES FIVE RURAL CLINICS IN MANY AREAS OF THE BRAZOS VALLEY INCLUDING THE COMMUNITIE S OF CALDWELL, LEXINGTON, FRANKLIN, NORMANGEE, AND MADISONVILLE ALL FIVE CLINICS OFFER GE NERAL FAMILY MEDICAL SERVICES FOR PEOPLE OF ALL AGES, INCLUDING PHYSICALS, BLOOD DRAWS, X- RAYS AND CARE FOR MINOR INJURIES ACTIVE FAMILIES HAVE THEIR FAIR SHARE OF BRUISES AND BUM PS, INJURIES AND ILLNESSES WHEN THERE ARE URGENT MEDICAL NEEDS, BUT CIRCUMSTANCES DO NOT ALLOW FOR A FAMILY DOCTOR VISIT, ST JOSEPH EXPRESS IN COLLEGE STATION, BRYAN, BRENHAM AND HEARNE ARE AVAILABLE SOME OF THE BENEFITS OF EXPRESS CARE ARE NO APPOINTMENTS NECESSARY, LAB AND X-RAY ON SITE, STAFFED BY ST JOSEPH PHYSICIAN ASSOCIATES DOCTORS AND MOST INSURA NCES ARE ACCEPTED ST JOSEPH REHABILITATION CENTER (SJRRC) IS LOCATED NEAR THE BLINN CAMP US ON JOSEPH DRIVE IN BRYAN THE CENTER OPENED IN NOVEMBER OF 1997 AND IS THE ONLY FREE-ST ANDING CARF ACCREDITED INPATIENT REHABILITATION CENTER IN THE BRAZOS VALLEY AND SURROUNDIN G COMMUNITIES INPATIENT REHABILITATION IS A SPECIALIZED SERVICE THAT OFFERS PATIENTS RECO VERING FROM ILLNESS OR INJURY IN AN INTENSE INTERDISCIPLINARY PROCESS COMPRISED OF A TEAM OF CLINICIANS TO PROMOTE INDEPENDENCE, QUALITY OF LIFE AND RETURN TO A SAFE AND FULFILLING LIFESTYLE IN THE HOME SETTING IN SIMPLE TERMS, INPATIENT REHABILITATION IS DESIGNED TO H ELP RETURN THE PATIENT HOME AT THEIR HIGHEST LEVEL OF INDEPENDENCE IN ADDITION TO TREATIN G THE PATIENT, SJRRC ALSO HAS A STRONG FOCUS ON FAMILY INVOLVEMENT AND EDUCATION TO FACILI TATE THE RETURN HOME ST JOSEPH MANOR (SJM) OFFERS ASSISTED LIVING FOR THE UNSTEADY ELDER LY, DEMENTIA CARE FOR THOSE WITH ALZHEIMER'S DISEASE, AND SKILLED AND/OR INTERMEDIATE NURS ING CARE FOR THOSE NEEDING COMPLETE CARE SJM UNDERSTANDS THAT MAKING THE DECISION ABOUT T HE CARE OF FAMILY AND LOVED ONES IS A DIFFICULT THING TO DO IN ADDITION TO THE OUTSTANDIN G FACILITIES AND PROGRAMS OFFERED AT SJM, OUR STAFF LIVES OUR VALUES EVERY DAY THEIR COMM ITMENT TO REVERENCE, SERVICE, AND STEWARDSHIP GUIDE THEIR DECISIONS AND THE RELATIONSHIPS THEY HAVE WITH SJM RESIDENTS AND THEIR FAMILIES BURLESON ST JOSEPH MANOR (BSJM) OFFERS P RIVATE AND SEMI-PRIVATE ACCOMMODATIONS FOR 112 INTERMEDIATE NURSING CARE RESIDENTS LOCATE D ON A BEAUTIFUL I8-ACRE CAMPUS OF MAJESTIC OAKS, THE FACILITY OFFERS SPIRITUAL CARE, A BE AUTY SHOP AND OTHER AMENITIES THE FACILITY ACCEPTS PRIVATE PAY, MEDICARE AND MEDICAID RES IDENTS AS AT SJM, BURLESON ST JOSEPH MANOR STAFF LIVES OUR VALUES EVERY DAY THEIR COMMI TMENT TO REVERENCE, SERVICE AND STEWARDSHIP GUIDE THEIR DECISIONS AND THE RELATIONSHIPS TH EY HAVE WITH BSJM RESIDENTS AND THEIR FAMILIES A

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT		BRIEF SUMMARY OF HOW SJRHC AND THE ABOVE FACILITIES PROVIDED COMMUNITY BENEFITS TO THE RES IDENTS OF THE BRAZOS VALLEY DURING 2011 FOLLOWS IN 2011, ST JOSEPH HEALTH SYSTEM (SJHS) AFFIRMED ITS DEDICATION TO BENEFITTING THE COMMUNITIES IT SERVES BY ACQUIRING NEW PHYSICIA NS, EXPANDING ITS PRACTICE REACH AND UPDATING AND IMPROVING ITS FACILITIES THE SUCCESS OF THESE INITIATIVES IS REFLECTED IN THE FOLLOWING ACHIEVEMENTS IN 2011 HEALTHGRADES, A LEA DING INDEPENDENT HEALTHCARE RATINGS ORGANIZATION, RECOGNIZED ST JOSEPH'S FOR ITS OUTSTAND ING PERFORMANCE THE ST JOSEPH ORTHOPEDIC SERVICES WAS RANKED #1 IN THE STATE OF TEXAS AN D PLACED IN THE TOP 5 PERCENT OF HOSPITALS IN THE NATION ADDITIONAL ACCOLADES FROM HEALTH GRADES INCLUDED THE OUTSTANDING PATIENT EXPERIENCE AWARD AND A 5-STAR RATING FOR CAROTID S URGERY, CORONARY INTERVENTIONAL PROCEDURES, HIP FRACTURE REPAIR AND APPENDECTOMIES THE HO NORS CONTINUED WHEN ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) RECEIVED THE AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE SILVER PERFORMANCE ACHIEVEMENT AWARD FOR AGG RESSIVELY TREATING STROKE PATIENTS WITH 85 PERCENT OR HIGHER COMPLIANCE TO CORE STANDARD L EVELS OF CARE FOR 12 CONSECUTIVE MONTHS SJRHC'S CHEST PAIN TEAM ALSO CELEBRATED A FULL YE AR OF TREATING 100 PERCENT OF STEMI PATIENTS WITHIN 90 MINUTES OF ARRIVAL, WHICH IS THE NA TIONAL STANDARD TOP PERFORMING HOSPITALS NORMALLY ACHIEVE THIS ONLY 98 PERCENT OF THE TIM E, WHILE THE NATIONAL AVERAGE FOR ALL HOSPITALS IS JUST 75 PERCENT

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	TX,

Additional Data

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **20** Name and address	Type of Facility (Describe)
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES
OP REHAB 1600 JOSEPH DRIVE BRYAN,TX 77802	O/P REHAB, CARDIAC REHAB, PULMONARY REHAB, SLEEP LAB SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St Joseph Foundation 2801 Franciscan Drive Bryan, TX 77802	74-2351158	501(c)(3)	10,350				Memorials / Surviving & Thriving / TBSI Symposium

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	Procedures for monitoring use of grant funds St Joseph Regional Health Center has a centralized grant system in place to help ensure that grants are (1) appropriately prepared and reviewed by management for completeness and accuracy, (2) monitored for appropriate distribution to the applicant/recipient hospital cost center (recipient), and (3) monitored for appropriate distribution of funds by the applicant (recipient)

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Kathleen R Krusie	(I)	291,411	20,175	0	18,502	10,052	340,140	0
	(II)	0	0	0	0	0	0	0
Anthony D Pfitzer	(I)	483,312	52,058	8,622	21,952	11,692	577,636	0
	(II)	0	0	0	0	0	0	0
Garth Morgan MD	(I)	0	0	0	0	0	0	0
	(II)	192,996	0	0	0	12,852	205,848	0
Lisa R McNair	(I)	268,852	21,000	0	19,839	4,744	314,435	0
	(II)	0	0	0	0	0	0	0
Alan J Hurley	(I)	198,332	22,109	0	15,803	11,413	247,657	0
	(II)	0	0	0	0	0	0	0
Gary Mark Montgomery	(I)	304,254	19,953	0	17,150	11,569	352,926	0
	(II)	0	0	0	0	0	0	0
Michael G Costa	(I)	182,422	10,920	14,133	14,707	9,927	232,109	0
	(II)	0	0	0	0	0	0	0
Steven J Crichton	(I)	158,934	4,350	0	12,814	4,982	181,080	0
	(II)	0	0	0	0	0	0	0
Don Kirk Cristy	(I)	162,003	6,525	0	13,182	12,843	194,553	0
	(II)	0	0	0	0	0	0	0
Timothy C Ottinger	(I)	128,332	3,800	251	10,281	12,474	155,138	0
	(II)	0	0	0	0	0	0	0
Doris Redman	(I)	202,038	16,040	1,026	16,186	11,413	246,703	0
	(II)	0	0	0	0	0	0	0
Jonathan R Turton	(I)	179,129	10,538	9,633	14,377	4,982	218,659	0
	(II)	0	0	0	0	0	0	0
Alen C Chang	(I)	195,282	0	7,266	15,695	8,852	227,095	0
	(II)	0	0	0	0	0	0	0
Jerry W Taylor	(I)	169,315	0	5,455	11,758	11,643	198,171	0
	(II)	0	0	0	0	0	0	0
Tae-Monk Hwang-Lemos	(I)	162,130	288	0	13,334	11,643	187,395	0
	(II)	0	0	0	0	0	0	0
Charles M Hall Jr	(I)	143,327	0	3,173	10,033	11,643	168,176	0
	(II)	0	0	0	0	0	0	0
Deborah E Hill	(I)	142,259	0	0	11,779	11,643	165,681	0
	(II)	0	0	0	0	0	0	0

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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

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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	BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT CORP	76-0082643	105911BV2	06-18-2008	30,000,000	REFUND 2007 BONDS/CONSTR /RENOV		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	30,031,840			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	586,513			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	18,391,000			
11	Other spent proceeds	8,098,173			
12	Other unspent proceeds	0			
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private 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						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶	0 %							
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 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		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						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0							
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						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
POST ISSUANCE COMPLIANCE SCHEDULE K, PART III, LINE 7	0	A SPECIALIST WAS ENGAGED TO DETERMINE COMPLIANCE WITH THE ARBITRAGE REQUIREMENTS DETAILED IN THE IRS CODE THE CFO REVIEWS BOND CONVENANTS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Identifier	Return Reference	Explanation
Other Program Services	FORM 990, PART III, Question 4d	In addition to the Emergency Department which operates in Bryan and College Station and Emergency Medical Services programs provided by SJRHC - The health care facility is the largest provider of cardiac services in the region, offering leading-edge diagnostics and comprehensive treatment options from state-of-the-art cardiac catheterization labs and vascular suites to dedicated cardiac operating rooms Cardiac patients also have access to a comprehensive cardiac rehabilitation program - Women's and Children's Services - is the largest obstetrics program in the region, delivering more than 2300 babies each year in a private, home-like setting The pediatric program is housed in a dedicated unit with an experienced and compassionate staff - Cancer Center - St Joseph was the first to bring multidisciplinary cancer center to the Brazos Valley The combination of medical oncology, radiation oncology, research and the latest technology keeps the J C Lee M D Cancer Pavilion at the forefront of cancer care in the region SJRHC has the only dedicated inpatient cancer unit in the region - Rehabilitation Services - is the region's only freestanding inpatient rehabilitation facility Treatment plans for brain, spinal cord, joint and on-the-job injuries, as well as a stroke recovery program use an integrated approach to help improve the independence and quality of life for rehab patients - St Joseph Joint University - is a total joint replacement program that creates a new and unique experience The 10-bed unit optimizes recover in a supportive, learning environment so patients can most fully recover mobility and improve their quality of life - Texas Brain and Spine Institute - This is a collaborative program with the Texas A&M Health Science Center College of Medicine and local neuroscience specialists to create the Texas Brain and Spine Institute A collaboration of more than 20 specialists in the neurosciences field, it offers the latest treatment and research for neurological disorders - Other specialized programs include sleep disorders, surgical weight loss, occupational medicine, pulmonary rehabilitation, wound care, imaging and laboratory services - SJRHC is the region's only Primary Stroke Center, as accredited by The Joint Commission

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTIONS 6	BYLAWS SECTION 1 MEMBERSHIP THE MEMBERSHIP OF THE CORPORATION SHALL CONSIST OF ONE (1) CLASS AND THE ONLY MEMBER OF THE CORPORATION SHALL BE ST JOSEPH SERVICES CORPORATION, D/B/A ST JOSEPH HEALTH SYSTEM, A TEXAS NON-PROFIT CORPORATION (HEREINAFTER REFERRED TO AS ST JOSEPH HEALTH SYSTEM OR "SJHS" OR THE MEMBER)

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTIONS 7A & 7B	BYLAWS SECTION 2 RESERVED POWER EXERCISABLE BY MEMBER ALONE IN ADDITION TO, AND NOT IN LIMITATION OF, THE POWERS RESERVED TO MEMBERS OF NONPROFIT CORPORATIONS BY LAW AND PURSUANT TO THE ARTICLES OF INCORPORATION AND OTHER PROVISIONS OF THESE BYLAWS, ACTION BY ST JOSEPH HEALTH SYSTEM IN ITS CAPACITY AS SOLE MEMBER OF THE CORPORATION (AND SUBJECT TO APPROVAL BY THE MEMBER OF SJHS, SYLVANIA FRANCISCAN HEALTH ("SFH") WHEN REQUIRED BY ITS ARTICLES OF INCORPORATION OR BYLAWS) SHALL BE REQUIRED AND SHALL BE SUFFICIENT A) TO ADOPT OR CHANGE THE PHILOSOPHY, OBJECTIVES, PURPOSES OR ETHICAL OR RELIGIOUS STANDARDS OF THE CORPORATION AND OF ORGANIZATIONS CONTROLLED BY THE CORPORATION, B) TO APPOINT THE GOVERNANCE COUNCIL MEMBERS AND TO REMOVE THEM AT WILL, WITH OR WITHOUT CAUSE, AS PROVIDED IN ARTICLE IV, SECTION 2 AND 4 OF THESE BYLAWS, C) TO APPOINT AND REMOVE THE CEO AS PROVIDED IN ARTICLE VI, SECTION 6 OF THESE BYLAWS, D) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION, E) TO AMEND OR REPEAL THE BYLAWS OF THE CORPORATION AS PROVIDED IN ARTICLE XIV OF THESE BYLAWS, F) TO DISSOLVE OR TERMINATE THE EXISTENCE OF THE CORPORATION AND TO DETERMINE THE DISTRIBUTION OF ASSETS UPON SUCH DISSOLUTION OR TERMINATION IN ACCORDANCE WITH THE ARTICLES OF INCORPORATION, AND G) TO TAKE ANY ACTION NECESSARY TO CONFORM THE PURPOSES AND ACTIVITIES OF THE CORPORATION WITH THE TRADITIONS, TEACHINGS AND CANON LAW OF THE ROMAN CATHOLIC CHURCH AS MAY BE IN EFFECT FROM TIME TO TIME.

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

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	IN ACCORDANCE WITH ST JOSEPH HEALTH SYSTEM POLICY #38, ''CONFLICT OF INTEREST'', SECTION 6 DISCLOSURE STATEMENT ''A CONFLECT OF INTEREST STATEMENT SHALL BE EXECUTED BY ALL DESIGNATED PERSONS, WHICH WILL BE RETAINED BY THE CORPORATION IN ITS ADMINISTRATIVE OFFICES THIS STATEMENT SHALL BE RENEWED AT LEAST ANNUALLY AT THE REQUEST OF THE CORPORATION AND AT ANY TIME THAT A CONFLICT OF INTEREST MAY ARISE'' TO HELP ENSURE THAT DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY BY ALL BOARD OF TRUSTEE MEMBERS, THE CEO'S OFFICE SUMMARIZES ALL CONFLICTS OF INTEREST DISCLOSED BY EACH ENTITY'S TRUSTEES THE REVIEW IS PERFORMED BY THE OFFICE OF THE CEO WHERE DISCLOSURE SATTEMENTS ARE ALSO FILED FOR TRUSTEES OTHER DESIGNATED PERSONS' DISCLOSURE STATEMENTS ARE FILED IN INDIVIDUAL PERSONNEL FILES IF EMPLOYED BY SJRHC

Identifier	Return Reference	Explanation
WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, QUESTIONS 13 & 14	THE ORGANIZATION FOLLOWS THE POLICIES OF THE ST JOSEPH HEALTH SYSTEM TO WHICH IT IS AN AFFILIATE. THE WHISTLEBLOWER POLICY AND THE DOCUMENT RETENTION AND DESTRUCTION POLICY ARE DOCUMENTED AND ARE APPROVED BY THE PRESIDENT AND CEO OF THE SYSTEM. THE BYLAWS OF ST JOSEPH HEALTH SYSTEM STATE " THE PRESIDENT/CEO SHALL ACT AS A DULY AUTHORIZED REPRESENTATIVE OF THE BOARD AND OF THE CORPORATION IN ALL MATTERS IN WHICH THE BOARD HAS NOT FORMALLY DESIGNATED SOME OTHER PERSON TO ACT " THEREFORE, THE PRESIDENT/CEO BY THE AUTHORITY GRANTED TO HIM APPROVES THE POLICIES. THE TWO POLICIES WERE APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD AT THE LAST 2011 BOARD MEETING

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED	FORM 990, PART VI, QUESTION 15A & 15B	THE EXECUTIVE COMMITTEE OF THE SJHS BOARD OF TRUSTEES ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT THAT COMPILED AND PRESENT RECOMMENDATIONS BASED ON HEALTHCARE MARKET DATA FOR ORGANIZATIONS OF SIMILAR SIZE AND REVENUE. THE EXECUTIVE COMMITTEE PRESENTED THE RECOMMENDATIONS TO THE FULL SJHS BOARD OF TRUSTEES FOR APPROVAL AT ITS REGULARLY SCHEDULED MEETING. THE EXECUTUVE COMMITTEE AND THE SJHS BOARD OF TRUSTEES MAINTAIN DOCUMENTATION ANE MINUTES OF ITS DELIBERATIONS. THE FOLLOWING POSITIONS WERE REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES: PRESIDENT, COO, SENIOR VICE PRESIDENT, CEO/ADMINISTRATOR, EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE IS COMPRISED OF CURRENT MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE INDEPENDENT OF SJHS SETTLEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIOP WITH SJHS

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

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED LOSS ON INVESTMENT $(5,540,997) DONATION FOR P&E FROM AFFILIATE 255,968 CHANGE IN BENEFICIAL INTEREST 539,176 NET EQUITY TRANSFER (10,850,000) ---------- TOTAL $ (15,595,853)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Anthony D Pfitzer TITLE PRES/CEO St Joseph Health Sys HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME George Nelson TITLE BOT Chair St Joseph Health Sys HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Lisa R McNair TITLE Senior VP / CFO HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Alan J Hurley TITLE Senior VP / Medical Practices HOURS 1

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ST LEONARD CTR LIM 88 EAST BROAD STREET SUITE 1800 CENTERVILLE, OH 45458 31-1481761	LOW INCOME RENTAL	OH	NA	INVESTMENT				No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) TAU ENTERPRISES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2544009	OFFICE RENTALS	TX	NA	CORPORATION			
(2) ALLIANCE HEALTH PROV OF BRAZOS VALLEY 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	PHYS HOSP ORG	TX	NA	CORPORATION			
(3) ST LEONARD CENTER 1 INC 8100 CLYO RD CENTERVILLE, OH 45458 31-1481764	LOW INCOME RENTAL	OH	NA	CORPORATION			

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

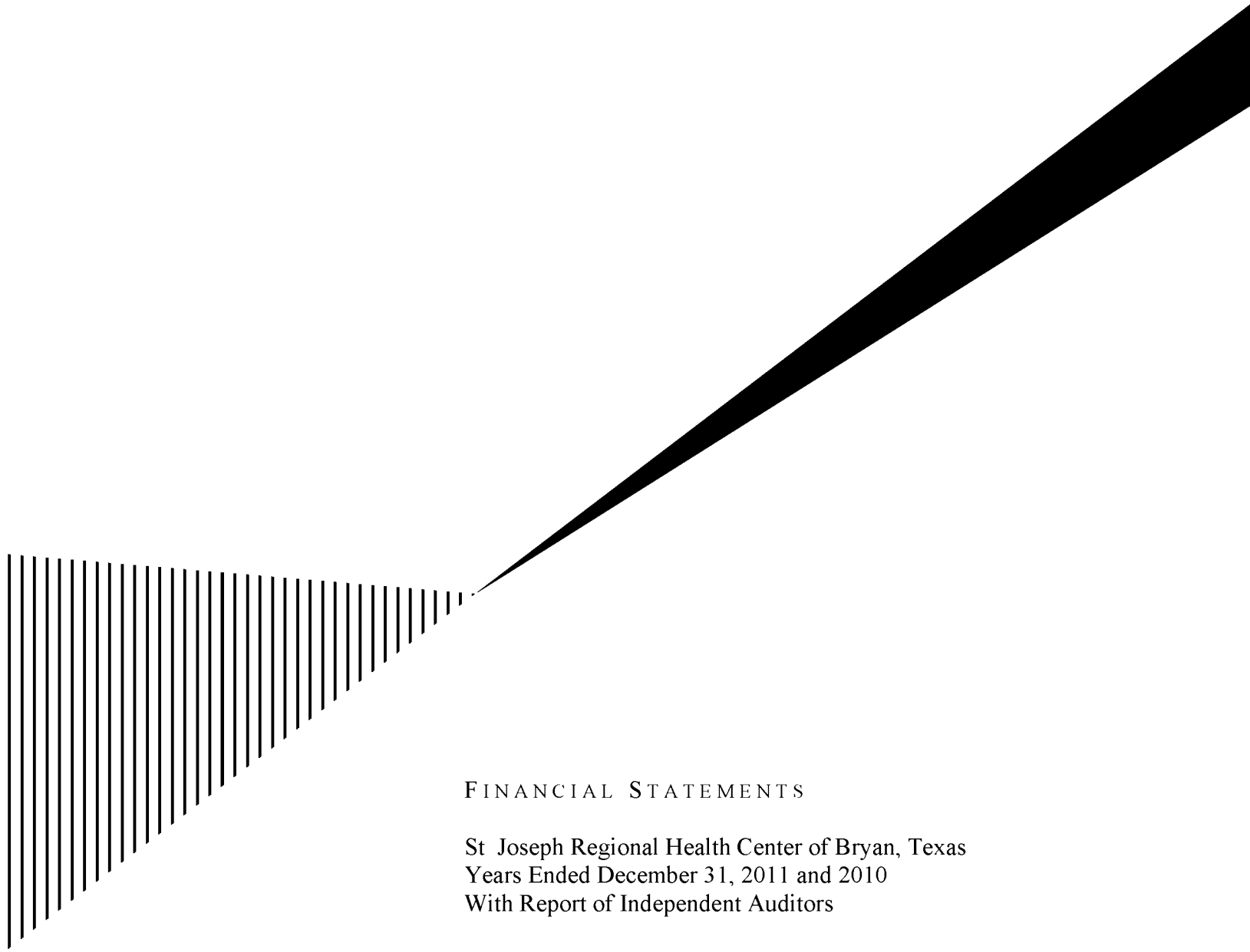
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	GOVERNANCE	TX	501(c)(3)	11-TYPE I	SFH		No
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTH CARE	TX	501(c)(3)	3	SJSC	Yes	
MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTH CARE	TX	501(c)(3)	3	SJSC	Yes	
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	NURSING CARE	TX	501(c)(3)	9	SJSC	Yes	
BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	NURSING CARE	TX	501(c)(3)	9	SJSC	Yes	
ST JOSEPH FOUNDATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUND RAISING	TX	501(c)(3)	11-TYPE I	SJSC	Yes	
ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHY PRACTICE	TX	501(c)(3)	3	SJSC	Yes	
SYLVANIA FRANCISCAN HEALTH 3231 CENTRAL PARK WEST STE 106 TOLEDO, OH 43617 34-1412964	CHURCH ORG	OH	501(c)(3)	1	NA		No
FRANCISCAN CARE CENTER SYLVANIA 4111 HOLLAND SYLVANIA RD TOLEDO, OH 43623 34-1931806	LT CARE FCLT	OH	501(c)(3)	9	FLC	Yes	
FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE SUITE A TOLEDO, OH 43623 34-1892096	MGT SUPPORT	OH	501(c)(3)	11-TYPE I	SFH	Yes	
FRANCISCAN PROPERTIES INC 6600 CONVENT BLVD SYLVANIA, OH 43560 34-1412966	SR HOUSING	OH	501(c)(3)	9	FLC	Yes	
MADONNA MANOR 2344 AMSTERDAM RD VILLA HILLS, KY 41017 61-0654635	LT CARE FCLT	KY	501(c)(3)	9	FLC	Yes	
PROVIDENCE CARE CENTER 2025 HAYES AVE SANDUSKY, OH 44870 34-1658625	LT CARE FCLT	OH	501(c)(3)	9	FLC	Yes	
PROVIDENCE RESIDENTIAL COMM CORP 5055 PROVIDENCE DR SANDUSKY, OH 44870 34-1896807	INDEPNDT LIV	OH	501(c)(3)	9	PCC	Yes	
THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DR SANDUSKY, OH 44870 34-1826097	ASSISTED LIV	OH	501(c)(3)	9	PCC	Yes	
ROSARY CARE CENTER 6832 CONVENT BLVD SYLVANIA, OH 43560 34-1931795	LT CARE FCLT	OH	501(c)(3)	9	SFH	Yes	
ST LEONARD 8100 CLYO RD CENTERVILLE, OH 45458 34-1940863	LT CARE FCLT	OH	501(c)(3)	9	FLC	Yes	
ST LEONARD FOUNDATION 8100 CLYO RD CENTERVILLE, OH 45458 32-0102715	FUND RAISING	OH	501(c)(3)	7	St Leonard	Yes	
FRANCISCAN SHELTERS DBA BETHANY HOUSE PO BOX 80596 TOLEDO, OH 43608 34-1612437	D V SHELTER	OH	501(c)(3)	1	SFH	Yes	
SOPHIA CENTER 6832 CONVENT BLVD SYLVANIA, OH 43560 34-1761656	MENTAL HLTH	OH	501(c)(3)	9	SFH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
SISTERS OF ST FRANCIS 6832 CONVENT BLVD SYLVANIA, OH 43560 34-4450609	RELIGIOUS	OH	501(c) (3)	RELIGIOUS	NA	Yes	
FRANCISCAN SERVICES CORP SELF INSURANCE 6832 CONVENT BLVD SYLVANIA, OH 43560 34-6895492	SELF INSUR	OH	501(c) (3)	11-TYPE II	SFH	Yes	
ST CLARE COMMONS 5942 RENAISSANCE PL STE A TOLEDO, OH 43623 27-0163752	LT CARE FCLT	OH	501(c) (3)	9	FLC	Yes	
PROVIDENCE CARE CENTERS 2025 HAYES AVE SANDUSKY, OH 44870 34-1826099	FIN SUPPORT	OH	501(c) (3)	7	FLC	Yes	
TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTH CARE	OH	501(c) (3)	3	SFH	Yes	
TRINITY HEALTH SYSTEM 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1818681	MGT SUPPORT	OH	501(C) (3)	11-TYPE I	NA		No
TRINITY HOSPITAL HOLDING COMPANY 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1842025	HEALTH CARE	OH	501(C) (3)	3	THS	Yes	
TRINITY MEDICAL CENTER EAST 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-0714474	HEALTH CARE	OH	501(C) (3)	3	THS	Yes	
TRINITY MEDICAL CENTER WEST 4000 JOHNSON RD STEUBENVILLE, OH 43952 34-0875691	HEALTH CARE	OH	501(C) (3)	3	THS	Yes	
TRINITY HEALTH SYSTEM FOUNDATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 31-1329423	FUND RAISING	OH	501(C) (3)	11-TYPE I	THS	Yes	

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 PHYSICIAN ASSOCIATES	Q	9,000,000	FMV
(2)	ST JOSEPH FOUNDATION	Q	650,000	FMV
(3)	BURLESON ST JOSEPH MANOR	Q	600,000	FMV
(4)	ST JOSEPH MANOR	Q	600,000	FMV
(5)	TAU ENTERPRISES	J	203,000	FMV
(6)	BURLESON ST JOSEPH HEALTH CENTER	N	72,000	FMV
(7)	MADISON ST JOSEPH HEALTH CENTER	N	80,000	FMV
(8)	ST JOSEPH PHYSICIAN ASSOCIATES	N	93,600	FMV
(9)	ST JOSEPH MANOR	N	76,400	FMV
(10)	ST JOSEPH FOUNDATION	C	262,980	FMV
(11)	ST JOSEPH PHYSICIAN ASSOCIATES	O	1,375,000	FMV
(12)	TAU ENTERPRISES	O	140,000	FMV
(13)	ST JOSEPH PHYSICIAN ASSOCIATES	P	6,650,000	FMV
(14)	BURLSEON ST JOSEPH MANOR	P	4,296,000	FMV
(15)	TAU ENTERPRISES	P	150,000	FMV
(16)	BURLESON ST JOSEPH HEALTH CENTER	P	6,830,000	FMV
(17)	MADISON ST JOSEPH HEALTH CENTER	P	9,525,000	FMV
(18)	ST JOSEPH MANOR	P	7,715,000	FMV
(19)	ST JOSEPH FOUNDATION	P	625,530	FMV



FINANCIAL STATEMENTS

St Joseph Regional Health Center of Bryan, Texas
Years Ended December 31, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

St. Joseph Regional Health Center of Bryan, Texas

Financial Statements

Years Ended December 31, 2011 and 2010

Contents

ERNST & YOUNG

Ernst & Young LLP
5 Houston Center
Suite 1200
1401 McKinney Street
Houston, TX 77010

Tel +1 713 750 1500
Fax +1 713 750 1501
www ey com

Report of Independent Auditors

The Governance Council
St Joseph Regional Health Center of Bryan, Texas

We have audited the accompanying balance sheets of St Joseph Regional Health Center of Bryan, Texas (the Hospital), as of December 31, 2011 and 2010, and the related statements of operations and changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Hospital's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St Joseph Regional Health Center of Bryan, Texas, at December 31, 2011 and 2010, and the results of its operations and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States

As discussed in Note 1 to the financial statements, during 2011 the Hospital adopted authoritative guidance issued by the Financial Accounting Standards Board related to presentation and disclosure of the provision for doubtful accounts and professional liability losses

Ernst & Young LLP

May 7, 2012

St. Joseph Regional Health Center of Bryan, Texas

Balance Sheets

	December 31 2011	2010
Assets		
Current assets		
Cash	**$ 3,303,519**	$ 4,209,637
Investments	**5,000,000**	5,000,000
Patient and third-party payors receivables, net of allowance for uncollectible accounts (2011 – $29,056,000, 2010 – $15,830,000)	**44,223,596**	42,205,630
Other receivables	**6,857,342**	3,464,755
Supplies	**6,518,666**	5,989,654
Prepaid expenses	**2,680,518**	2,791,037
Current portion of assets limited as to use	**3,922,735**	6,096,335
Total current assets	**72,506,376**	69,757,048
Receivables from related parties	**3,728,064**	8,007,885
Investments	**138,221,973**	123,851,833
Assets limited as to use		
Under indenture agreements, less current portion	**10,249,962**	14,736,583
Property, plant, and equipment, net	**156,630,274**	161,384,894
Other assets		
Deferred costs, net of amortization	**2,550,101**	2,752,479
Beneficial interest in the net assets of the Foundation	**1,501,075**	961,899
Other assets	**5,844,745**	1,021,412
	9,895,921	4,735,790
Total assets	**$ 391,232,570**	$ 382,474,033

	December 31	
	2011	**2010**
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 16,884,751**	$ 14,776,413
Payroll and related accruals	**9,094,017**	8,505,704
Accrued interest	**3,272,085**	3,476,335
Payable to health insurance programs, net	**5,681,620**	5,990,054
Current maturities of long-term debt	**573,400**	2,669,400
Total current liabilities	**35,505,873**	35,417,906
Other long-term liabilities	**15,995,603**	10,639,661
Long-term debt, less current portion	**119,584,934**	124,297,813
Total liabilities	**171,086,410**	170,355,380
Net assets		
Unrestricted	**218,558,863**	211,070,532
Temporarily restricted	**1,587,297**	1,048,121
Total net assets	**220,146,160**	212,118,653
Total liabilities and net assets	**$ 391,232,570**	$ 382,474,033

See accompanying notes.

St. Joseph Regional Health Center of Bryan, Texas

Statements of Operations and Changes in Net Assets

	Year Ended December 31 2011	2010
Unrestricted revenue, gains, and other support		
Patient service revenue, net of contractual allowances and discounts	$ **303,555,281**	$ 290,900,164
Less provision for bad debts	**32,779,823**	31,293,165
Net patient service revenue, less provision for bad debts	**270,775,458**	259,606,999
Other revenue	**4,192,965**	4,644,432
Total unrestricted revenue, gains, and other support	**274,968,423**	264,251,431
Expenses		
Salaries and wages	**94,302,079**	95,419,892
Employee benefits	**26,687,693**	27,284,037
Professional fees	**14,263,229**	14,123,792
Supplies and pharmaceuticals	**45,643,692**	44,451,137
Purchased services, utilities, and other	**43,694,717**	41,447,897
Depreciation and amortization	**16,032,825**	14,196,303
Interest	**6,693,892**	6,944,906
Management fees	**8,824,314**	3,942,032
Total expenses	**256,142,441**	247,809,996
Income from operations	**18,825,982**	16,441,435
Nonoperating (losses) gains		
Investment (loss) income	**(2,149,152)**	8,615,536
Gains (losses) under interest rate swap agreements	**1,312,297**	(1,833,231)
Gain (loss) on disposal of assets	**93,236**	(219,377)
Total nonoperating (losses) gains, net	**(743,619)**	6,562,928
Revenue in excess of expenses	**18,082,363**	23,004,363
Other changes in net assets		
Unrestricted		
Effect of change in accounting for goodwill	**–**	(827,752)
Donations for property and equipment from affiliate	**255,968**	375,644
Net assets transfer to affiliates	**(10,850,000)**	(7,835,882)
Increase in unrestricted net assets	**7,488,331**	14,716,373
Temporarily restricted		
Change in beneficial interest	**539,176**	66,016
Increase in temporarily restricted net assets	**539,176**	66,016
Increase in net assets	**8,027,507**	14,782,389
Net assets, beginning of year	**212,118,653**	197,336,264
Net assets, end of year	$ **220,146,160**	$ 212,118,653

See accompanying notes

St. Joseph Regional Health Center of Bryan, Texas

Statements of Cash Flows

	Year Ended December 31 2011	2010
Operating activities		
Increase in net assets	$ **8,027,507**	$ 14,782,389
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Unrealized loss (gain) on investments	**5,162,991**	(1,052,393)
Transfer to affiliates	**10,850,000**	7,835,882
Cumulative effect of change in accounting for goodwill	**–**	827,752
Depreciation and amortization	**16,032,825**	14,196,303
(Gain) loss on disposal of assets	**(93,236)**	219,377
Change in value of interest rate swap agreements	**378,006**	3,820,267
Provision for bad debts	**32,779,823**	31,293,165
Change in beneficial interest	**(539,176)**	(66,016)
Changes in operating assets and liabilities		
Patient and third-party payors receivables, net	**(34,797,789)**	(26,898,128)
Investments	**(19,533,131)**	(16,978,395)
Other receivables	**(3,392,587)**	(184,276)
Supplies and prepaid expenses	**(418,493)**	(724,988)
Receivables from related parties	**4,279,821**	(831,963)
Other assets	**(4,811,499)**	(34,749)
Accounts payable and accrued expenses, payroll and related accruals, and accrued interest	**1,250,653**	(589,876)
Payable to health insurance programs	**(308,434)**	(1,070,264)
Other liabilities	**6,219,684**	175,171
Net cash provided by operating activities	**21,086,965**	24,719,258
Investing activities		
Change in assets limited as to use	**6,660,221**	3,000,160
Purchases of property, plant, and equipment, net	**(10,799,904)**	(17,850,389)
Net cash used in investing activities	**(4,139,683)**	(14,850,229)
Financing activities		
Repayment of long-term debt	**(7,003,400)**	(2,573,400)
Transfer to affiliates	**(10,850,000)**	(7,835,882)
Net cash used in financing activities	**(17,853,400)**	(10,409,282)
Decrease in cash	**(906,118)**	(540,253)
Cash at beginning of year	**4,209,637**	4,749,890
Cash at end of year	$ **3,303,519**	$ 4,209,637
Supplemental cash flow information		
Interest paid	$ **6,966,222**	$ 7,079,473

See accompanying notes

St. Joseph Regional Health Center of Bryan, Texas

Notes to Financial Statements

December 31, 2011

1. Organization and Significant Accounting Policies

Organization

St Joseph Services Corporation (dba St Joseph Health System) (the System) is affiliated with Sylvania Franciscan Health (fka Franciscan Services Corporation), the Sisters of St Francis of Sylvania, Ohio (the Sisters), and the corporate entities affiliated with these organizations The System operates St Joseph Regional Health Center (the Hospital)

Sylvania Franciscan Health is the formal expression of the sponsored health and human services ministry of the Sisters Among the member organizations in Ohio, Kentucky, and Texas are six hospitals, seven long-term care facilities, four assisted living facilities, independent senior housing, a counseling center, a domestic violence shelter, and other supporting organizations

The accounting principles followed by the Hospital and the methods of applying those principles that materially affect the determination of financial position, results of operations, and cash flows are summarized below

Mission and Business Statement

In the Franciscan tradition, out of reverence for the dignity of every person, the Hospital's mission is to provide excellent health care and to promote wellness throughout the Brazos Valley

The Hospital provides health care services to the citizens of Bryan and College Station, Texas, and the 12 counties in the Hospital's Brazos Valley service area, through its acute care and specialty care facilities, including a critical access hospital in Navasota, Texas Only those activities directly associated with the furtherance of this purpose are considered to be operating activities Other activities that result in gains or losses unrelated to the Hospital's primary mission are considered to be nonoperating Nonoperating gains and losses include investment income, contributions to affiliates, the change in value of interest rate swap agreements, and gains and losses on disposals of assets In addition, a majority of all fundraising activities and general donations on behalf of the Hospital are solicited by one of its affiliates, St Joseph Foundation of Bryan, Texas (the Foundation)

1. Organization and Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Cash

Cash consists of currency on hand and demand deposits held at financial institutions Assets limited as to use by board designation or other arrangements under trust agreements are excluded from cash in the statements of cash flows

Charity Care

A patient is classified as a charity patient by reference to certain established policies of the Hospital Essentially, these policies define charity services as those for which no payment is anticipated When assessing a patient's inability to pay, the Hospital utilizes the generally recognized poverty income levels and certain other measures of poverty, and also assesses certain cases where charges incurred are significant in comparison to income Charity care is not reported as revenue in the statements of operations and changes in net assets

Income Taxes

The Hospital is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code

There are no material unrecorded tax liabilities as of December 31, 2011 or 2010

1. Organization and Significant Accounting Policies (continued)

Investments and Investment Income

Investments, including assets limited as to use, consisting of U S government securities, mortgage-backed securities, equity securities (domestic and international), mutual funds, money market funds, and corporate debt securities, are carried at fair market value, based on quoted market prices, with gains and losses reported in the statements of operations and changes in net assets Cash equivalents are primarily money market funds Investments are classified as noncurrent assets in the balance sheets, net of amounts required to meet current obligations and cash flow requirements, which are classified as current assets

Investment income, including unrealized gains and losses on assets limited as to use and unrestricted investments, is reported as other operating revenue and nonoperating (losses) gains, respectively

Supplies

Supplies are stated at the lower of cost, using the first-in, first-out method, or market

Operating Indicator

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as unrestricted revenue and expenses Unrestricted revenue includes revenue generated from direct patient care, related support services, and interest income, including unrealized gains and losses, on assets limited as to use Peripheral or incidental transactions, including unrestricted investment (loss) income, are reported as nonoperating gains and losses

Assets Limited as to Use

Certain funds are trustee-held for retirement of revenue bonds or funding of capital projects Accordingly, these assets have been classified as noncurrent, except for amounts held for current payments on revenue bonds and payments for capital-related expenditures The resulting interest and investment income accrues to the funds Cash equivalents are primarily money market funds

1. Organization and Significant Accounting Policies (continued)

Property, Plant, and Equipment

Property, plant, and equipment acquisitions are recorded at cost or fair value at date of donation Property, plant, and equipment donated to the Hospital for operations are recorded as unrestricted support Depreciation is provided over the estimated useful life of each class of depreciable assets based on its expected productive life and is computed using the straight-line method Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

When events, circumstances, or operating results indicate that the carrying values of certain long-lived assets that are expected to be held and used might be impaired, the Hospital prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition If the projections indicate that the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value Fair value may be estimated based upon internal evaluations of each market that include quantitative analyses of revenues and cash flows, reviews of recent sales of similar facilities, and independent appraisals For the years ended December 31, 2011 and 2010, no impairments were recognized

Patient Receivables and Net Patient Service Revenue

Patient receivables consist of amounts due from third-party payors, including federal and state indemnity and managed care programs, managed care health plans and commercial insurance companies, and individual patients for health care services rendered The Hospital does not require collateral or other security on its patient receivables Patient accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Hospital analyzes its historical and expected net collections considering business and economic conditions, trends in health care coverage, and other collection indicators for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon specific accounts, historical write-off experience, and current market conditions The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible receivables

1. Organization and Significant Accounting Policies (continued)

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make realization of amounts due unlikely For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductibles and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a provision for bad debts on the basis of its past experience The difference between the standard rates and the amount actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Hospital's allowance for doubtful accounts and charity allowance for self-pay patients increased from 66% of self-pay accounts receivable at December 31, 2010, to 89% of self-pay accounts receivable at December 31, 2011 In addition, the Hospital's self-pay bad debt write-offs decreased 20 6% from $36,886,039 for fiscal year 2010 to $29,283,986 for fiscal year 2011 These changes were the result of changes in the timing of write-offs in 2011 compared to 2010, and these amounts are fully allowed The Hospital has not changed its charity care or uninsured discount policies during fiscal years 2010 or 2011 The Hospital does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant bad debt write-offs from third-party payors

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered Net patient service revenue is reported on the accrual basis in the period in which services are provided and is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors (included as payable to health insurance programs in the accompanying financial statements) Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined During fiscal years 2011 and 2010, the Hospital recognized adjustments related to prior years that increased net patient service revenue by approximately $3,200,000 and $25,000, respectively It is at least reasonably possible that the estimated adjustments could change by material amounts in the near term

1. Organization and Significant Accounting Policies (continued)

For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided, or on the basis of discounted rates, if negotiated On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided Thus, the Hospital records a significant provision for bad debts related to uninsured patients in the period the services are provided Patient service revenue, net of contractual allowances and discounts, recognized in the period from these major payor sources, approximates as follows

	Medicare	Medicaid	Commercial	Self-Pay	Other	Total All Payors
Patient service revenue (net of contractual allowances)	$ 116,000,000	$ 16,000,000	$ 102,000,000	$ 56,000,000	$ 14,000,000	$ 304,000,000

Significant concentrations of patient and third-party payors receivables include 42% and 41% from government-related programs, including Medicare and Medicaid programs, at December 31, 2011 and 2010, respectively, and 32% and 36% from commercial insurers and managed care organizations at December 31, 2011 and 2010, respectively, with the remaining accounts receivable due directly from patients

Net revenues from the Medicare and Medicaid programs accounted for approximately 36% and 35% of the Hospital's net patient service revenues for the years ended December 31, 2011 and 2010, respectively

Deferred Costs

Deferred costs represent costs incurred to issue debt obligations or other financial instruments, net of amortization Deferred costs are amortized over the period the obligation or financial instrument is outstanding, using the interest method

1. Organization and Significant Accounting Policies (continued)

Professional Liability Insurance

The Hospital is a participant in the Franciscan Services Self-Insurance Program (the Program) for professional and general liability insurance coverage Payments of claims in any one year from the Franciscan Services Self-Insurance Fund (the Self-Insurance Fund) and from excess insurance coverage also purchased under the Program are subject to certain limitations Payments to the Self-Insurance Fund and for the Hospital's portion of the Program's cost for excess insurance coverage are amortized over the coverage period or program year Any liabilities for claims exceeding coverage limits are recorded at the time these become probable and estimable

Contributions

Contributions are recorded at fair value Contributions not restricted by donor are included in unrestricted net assets Contributions that are received with donor stipulations that limit the use of the donated asset are recorded as temporarily restricted net assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions

Net Assets

Unrestricted net assets generally result from revenues from providing services, receiving unrestricted contributions, and receiving dividends or interest from investing in income-producing assets, less expenses incurred in providing services, producing and delivering goods, raising contributions, and performing administrative functions Temporarily restricted net assets represent grant proceeds and the Hospital's beneficial interest in the net assets of the Foundation, an affiliate and a financially interrelated organization, whose use has been limited by grant agreements and donors to a specific time period or use

1. Organization and Significant Accounting Policies (continued)

Adoption of New Accounting Pronouncements

In April 2009, the Financial Accounting Standards Board (FASB) issued a new accounting pronouncement regarding mergers and acquisitions for not-for-profit entities (formerly Statement of Financial Accounting Standards (SFAS) No 164, *Not-for-Profit Entities: Mergers and Acquisitions, including an amendment of FASB Statement No. 142*) The pronouncement, found under Accounting Standards Codification (ASC) Topic 958, establishes principles and requirements for how a not-for-profit entity accounts for mergers and acquisitions The pronouncement also makes FASB Statement No 142, *Goodwill and Other Intangible Assets,* found under ASC Topic 350, and FASB Statement No 160, *Noncontrolling Interests in Consolidated Financial Statements,* found under ASC Topic 810, fully applicable to not-for-profit entities The pronouncement was effective for fiscal years beginning after December 15, 2009 The Hospital adopted the guidance in this pronouncement effective January 1, 2010 As a result of adopting this guidance, the Hospital wrote off $828,000 of goodwill in 2010, which is reported as the cumulative effect of a change in accounting principle in the statement of operations and changes in net assets

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements,* which clarifies certain existing fair value measurement disclosure requirements and requires additional fair value measurement disclosures Specifically, assets and liabilities must be leveled by major class of asset or liability Additional disclosures are required about valuation techniques and the inputs to those techniques for those assets or liabilities designated as Level 2 or Level 3 instruments Disclosures regarding transfers between Level 1 and Level 2 assets and liabilities are also required, as well as certain disaggregation of activity in the reconciliation of fair value measurements using significant unobservable inputs (Level 3 assets and liabilities) Certain provisions in this pronouncement were effective for fiscal years beginning after December 15, 2009, with the remaining provisions effective for fiscal years beginning after December 31, 2010 As a result, certain of the required provisions in ASU 2010-06 were adopted in the prior year's footnote disclosures and the remaining provisions were adopted effective January 1, 2011, and have been reflected in the footnote disclosures included in the financial statements

In August 2010, the FASB issued ASU 2010-23, *Measuring Charity Care for Disclosure,* which requires that cost be used as the measurement basis for charity care disclosure purposes and that cost be identified as the direct and indirect costs of providing the charity care The

1. Organization and Significant Accounting Policies (continued)

pronouncement also requires disclosure of the method used to identify or determine such costs The pronouncement was effective for fiscal years beginning after December 15, 2010 The Hospital adopted the guidance in this pronouncement effective January 1, 2011 The adoption of ASU 2010-23 has been reflected in the footnote disclosures included in the financial statements

In August 2010, the FASB issued ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries The pronouncement was effective for fiscal years beginning after December 15, 2010 The Hospital adopted the guidance in this pronouncement effective January 1, 2011 The adoption of this standard increased assets by $6,208,740, current liabilities by $1,241,748, and long-term liabilities by $4,966,992 in the consolidated balance sheet as of December 31, 2011, as compared to December 31, 2010

In July 2011, the FASB issued ASU 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* The amendments in the ASU require certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts) Additionally, health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts This ASU is effective for fiscal years ending after December 15, 2011, however, the Hospital elected to early adopt this pronouncement effective January 1, 2011 As a result of adopting this pronouncement, the provisions for bad debts associated with patient service revenue have been reclassified from an operating expense to a deduction from patient service revenue for the years ending December 31, 2011 and 2010, in the statements of operations and changes in net assets and expanded footnote disclosures have been included in the financial statements

In September 2011, the FASB issued ASU 2011-09, *Disclosures about an Employer's Participation in a Multiemployer Plan*, which requires enhanced disclosures in the annual financial statements of employers that participate in multiemployer pension plans This ASU is effective for fiscal years ending after December 15, 2012 This pronouncement, when adopted in 2012, will expand the Hospital's footnote disclosures

2. Net Patient Service Revenue

Government-Sponsored Programs

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

Medicare

Inpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors Outpatient services are paid based on a prospective payment system The Hospital is reimbursed for certain reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The Hospital's Medicare cost reports have been final settled by the Medicare fiscal intermediary through 2006

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates per discharge Outpatient services are reimbursed under fee schedules and a cost reimbursement methodology The Hospital is reimbursed at a tentative rate, with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary The Hospital's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through 2006

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs

2. Net Patient Service Revenue (continued)

Commercial Insurance, Managed Care, and Other Payors

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates

Effective July 2010, the Hospital adopted an uninsured discount policy whereby patients without insurance coverage receive discounts from established charges The resulting adjustment is recorded as revenue deductions from gross charges to arrive at net patient service revenue The Hospital recorded uninsured discounts of $42,154,000 and $16,501,000 during the year ended December 31, 2011 and the six months ended December 31, 2010

3. Charity Care

The Hospital maintains records to identify and monitor the level of charity care it provides These records include the amount of costs forgone for services and supplies furnished under its charity care policy and equivalent service statistics The costs of providing care are estimated using the Hospital's internal cost data and are calculated in compliance with guidelines established by both the Catholic Health Association and the Internal Revenue Service The amount of traditional charity care provided, determined on the basis of estimated cost, was $14,285,000 and $12,670,000 for the years ended December 31, 2011 and 2010, respectively

4. Investments

Investments at December 31 consist of the following

	Unrestricted Investments		Assets Limited as to Use	
	2011	**2010**	**2011**	**2010**
Cash equivalents	**$ 8,751,045**	$ 12,889,358	**$ 3,418,735**	$ 15,906,289
Mutual funds	**109,209,909**	93,462,249	–	–
Domestic equity securities	**19,241,496**	13,959,377	–	–
International equity securities	**6,019,523**	8,540,849	–	–
U S government securities	–	–	**507,091**	1,006,380
Mortgage-backed securities	–	–	**7,931,384**	2,953,011
Corporate debt securities	–	–	**2,315,487**	967,238
Total	**143,221,973**	128,851,833	**14,172,697**	20,832,918
Less current portion	**(5,000,000)**	(5,000,000)	**(3,922,735)**	(6,096,335)
Noncurrent portion	**$ 138,221,973**	$ 123,851,833	**$ 10,249,962**	$ 14,736,583

Investment return consists of the following for the years ended December 31

	2011	**2010**
Operating investment income	**$ 350,984**	$ 557,008
Nonoperating investment (loss) income	**(2,149,152)**	8,615,536
	$ (1,798,168)	$ 9,172,544

Nonoperating investment income includes net realized gains of $3,013,839 and $7,563,143 in 2011 and 2010, respectively, and net unrealized losses of $5,162,991 in 2011 and net unrealized gains of $1,052,393 in 2010

5. Property, Plant, and Equipment

Property, plant, and equipment at December 31 consist of the following

	2011	2010
Land and improvements	**$ 15,734,781**	$ 15,292,460
Buildings and improvements	**170,761,282**	166,571,091
Fixed equipment	**15,861,649**	15,841,031
Major movable equipment	**100,507,182**	90,886,629
Allowance for depreciation and amortization	**(148,125,761)**	(136,036,121)
	154,739,133	152,555,090
Construction in progress	**1,891,141**	8,829,804
	$ 156,630,274	$ 161,384,894

Estimated costs to complete construction projects approximated $7,352,434 at December 31, 2011 The Hospital capitalized interest cost of approximately $50,000 and $280,000 during 2011 and 2010, respectively

6. Long-Term Debt

Long-term debt consists of the following at December 31

	2011	2010
Brazos County Health Facilities Development Corporation Franciscan Services Corporation Revenue Refunding Bonds, Series 1993B (St Joseph Regional Health Center of Bryan, Texas)	**$ 17,057,800**	$ 23,532,800
Brazos County Health Facilities Development Corporation Franciscan Services Corporation Obligated Group Revenue Bonds, Series 1997A (St Joseph Regional Health Center of Bryan, Texas)	**47,672,000**	47,672,000
Brazos County Health Facilities Development Corporation Franciscan Services Corporation Obligated Group Revenue Bonds, Series 2002 (St Joseph Regional Health Center of Bryan, Texas)	**27,500,000**	27,500,000
Brazos County Health Facilities Development Corporation Franciscan Services Corporation Obligated Group Revenue Bonds, Series 2008 (St Joseph Regional Health Center of Bryan, Texas)	**28,610,000**	29,110,000
Charitable gift annuity liability	**171,404**	191,417
	121,011,204	128,006,217
Less current maturities	**573,400**	2,669,400
Less discounts on bonds	**852,870**	1,039,004
Long-term debt, less current portion	**$ 119,584,934**	$ 124,297,813

The Hospital, along with St Joseph Manor (the Manor), an affiliate of which St Joseph Services Corporation is the sole member, and the corporate office of Sylvania Franciscan Health, is a member of the Sylvania Franciscan Health Obligated Group (the Obligated Group), which has adopted a common plan of financing under a master trust indenture The Obligated Group has issued several series revenue bonds through Brazos County Health Facilities Development Corporation in connection with various financing and construction projects Under the Master Trust Indenture, each member of the Obligated Group is jointly and severally liable for payment of Series 1993B, 1997A, 1997B (see Note 7), 2002, 2008, and 2009 Bonds as a result of each having pledged to meet the principal and interest on the bonds for so long as any bonds are outstanding In addition, the Obligated Group has agreed to certain operational and financial restrictions to limit additional indebtedness and guarantees, maintain specific financial ratios, and fulfill sinking fund requirements in various trusteed accounts, among other covenants The

6. Long-Term Debt (continued)

total amount of Obligated Group bonds outstanding at December 31, 2011 is $134,734,800 Additionally, the Obligated Group has guaranteed the debt of certain affiliates The total amount of debt outstanding at December 31, 2011 guaranteed by the Obligated Group is $108,964,100

The Series 1993B Bonds consist of term bonds that mature in varying amounts through January 1, 2019, with interest ranging from 4 875% to 6% payable semiannually Bonds currently outstanding may be redeemed at par During 2011, the Hospital executed an early redemption of $4,355,000 of the Series 1993B Bonds

The Series 1997A Bonds consist of term bonds that mature in varying amounts annually through January 1, 2028, and bear interest ranging from 4 30% to 5 37% payable semiannually Outstanding bonds maturing on or after January 1, 2017, are subject to optional redemption equal to the principal plus accrued interest, if any, to the redemption date

The Series 2002 Bonds consist of term bonds that mature in varying amounts annually beginning January 1, 2029, and bear interest at 5 38% payable semiannually Outstanding bonds maturing on or after January 1, 2013, are subject to optional redemption at a premium of 1% plus accrued interest Bonds outstanding on or after January 1, 2014, may be redeemed at par plus accrued interest

The Series 2008 Bonds consist of term bonds that mature in varying amounts annually through January 1, 2038, and bear interest at a fixed rate ranging from 4 00% to 5 50%

In 2002, the Hospital received an office building and land valued at $400,000 in exchange for an annuity, with monthly payments of $2,376 through 2018, bearing interest at 4 6%

The following is a schedule of future minimum payments at December 31, 2011, by year and in the aggregate, under long-term debt agreements

2012	$ 573,400
2013	1,013,245
2014	3,113,400
2015	3,298,400
2016	3,243,400
Thereafter	109,769,359
Total	$ 121,011,204

6. Long-Term Debt (continued)

The estimated fair value of the Hospital's outstanding revenue bonds is approximately $122,348,192 and $123,974,000 at December 31, 2011 and 2010, respectively, which was based on broker quoted market prices

7. Other Financial Instruments and Obligations

The Hospital has an interest rate swap program that utilizes swap transactions to improve the Hospital's capital structure, potentially including net interest cost reduction, hedging, cash flow performance, enhancement of fixed income, and other direct and indirect benefits

Effective February 3, 2004, the Hospital and Merrill Lynch Capital Services, Inc (MLCS) entered into a basis swap agreement (the 2004 Swap) The 2004 Swap provides that the Hospital will receive from MLCS a variable amount of interest based upon the BMA Municipal Bond Index and pay to MLCS a variable rate of interest at a rate of 76 75% of the London Interbank Offered Rate (LIBOR) on the notional amount of $13,750,000 Effective August 30, 2005, the Hospital and MLCS entered into two fixed receiver swap agreements (the 2005 Swaps) The 2005 Swaps provide that the Hospital will receive from MLCS a fixed amount of interest of 5 35% and pay to MLCS a variable rate of interest based upon the BMA Municipal Bond Index on the initial notional amounts of $15,665,000 and $16,555,000 These notional amounts decline each year by the same amount as the amortization of the Series 1993B Bonds

Effective August 16, 2007, the Hospital and MLCS entered into five total return swaps and one fixed payor swap (the 2007 Swaps) related to the outstanding 1997A and 1997B Bonds

The total return swaps provide that the Hospital will receive from MLCS a fixed amount of interest of 4 945% and pay to MLCS a variable rate of interest based upon the SIFMA Index on each notional amount The fixed payor swap provides that the Hospital will receive from MLCS a variable rate of interest of three-month LIBOR and pay to MLCS a fixed rate of interest of 3 864% on the notional amount of $48,500,000 The value of the swaps and related income activity is allocated between the Hospital and the Manor based on the percentage of the 1997A and 1997B Bonds held

Effective March 12, 2008, the Hospital and MLCS entered into a fixed spread basis swap related to the outstanding 2008 Bonds (the 2008 Swap) The 2008 Swap provides that the Hospital will receive from MLCS a variable rate of interest based upon LIBOR and pay to MLCS a variable rate of interest based upon the BMA Municipal Bond Index on the initial notional amount of $30,000,000

7. Other Financial Instruments and Obligations (continued)

Interest rate swap contracts between the Hospital and MLCS (counterparty) expose the Hospital to market risk and credit risk Credit risk is the risk that contractual obligations of the counterparty will not be fulfilled Counterparty credit risk is managed by requiring high credit standards for the Hospital's counterparty The counterparty to these contracts is a financial institution that carries investment-grade credit ratings The interest rate swap contracts contain certain collateral provisions applicable to both parties to mitigate credit risk The Hospital has complied with these provisions as required At December 31, 2011 and 2010, the Hospital was not required to post collateral The Hospital may be required to post additional collateral to secure obligations that would be owed to the counterparty under the agreements if terminated, regardless of whether the agreements are actually terminated The Hospital does not anticipate nonperformance by its counterparty Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degrees of market risk that may be undertaken Management also mitigates risk through periodic reviews of its derivative positions in the context of its blended cost of capital

The following table summarizes the fair value of the interest rate swaps at December 31, 2011 and 2010

Description	Termination Date	Notional Amount	Fair Value at December 31, 2011	2010
Variable Basis	Feb 2014	$ 13,750,000	**$ (9,541)**	$ (56,620)
Total Return[(1)]	Oct 2013	3,610,000	**(80,774)**	(79,449)
Total Return[(1)]	Feb 2018	13,985,000	**(308,206)**	(365,453)
Total Return[(1)]	Feb 2022	30,077,000	**(662,847)**	(2,413,338)
Total Return[(1)]	May 2018	3,870,000	**(85,288)**	(101,130)
Total Return[(1)]	Feb 2022	10,025,000	**(220,934)**	(804,393)
Fixed Payor[(1)]	Jan 2028	48,500,000	**(8,224,060)**	(4,997,898)
Fixed Spread Basis	Mar 2028	30,000,000	**(468,545)**	(863,909)
		$ 153,817,000	**$ (10,060,195)**	$ (9,682,190)

[(1)]The values of the total return and fixed payor swaps are allocated between the Hospital and the Manor based on the percentage of the 1997A and 1997B Bonds held

7. Other Financial Instruments and Obligations (continued)

At December 31, 2011 and 2010, the Hospital's share of the market value of all interest rate swap agreements was a liability of $10,060,195 and $9,682,190, respectively, which is included in other long-term liabilities in the accompanying financial statements The Hospital's share of the change in the value of all interest rate swap agreements as of December 31, 2011 and 2010, was a net unrealized loss of $378,006 and $3,820,268, respectively The net activity related to all interest rate swap agreements as of December 31, 2011 and 2010, was a net gain of $1,690,303 and net loss of $1,987,037, respectively These amounts are included as a component of nonoperating (losses) gains in the accompanying financial statements The Hospital may be required to post collateral to secure obligations that would be owed to the counterparty under the agreements if terminated, regardless of whether the agreements are actually terminated

The Hospital is named as the guarantor on the Brazos County Health Facilities Development Corporation Burleson St Joseph Manor Revenue Bonds, Series 2009 These bonds, in the amount of $8,125,000, were issued to Burleson St Joseph Manor (Burleson Manor), an affiliate The maximum potential amount of future payments the Hospital could be required to make under its guarantee at December 31, 2011, is $7,445,000

8. Fair Value Measurements

The Hospital discloses information about its financial assets and liabilities using a fair value hierarchy that is intended to increase consistency and comparability in fair value measurements and related disclosures The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair values that are either observable or unobservable Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources, while unobservable inputs reflect a reporting entity's pricing based upon its own market assumptions The fair value hierarchy consists of the following three levels

Level 1 – Inputs are quoted prices in active markets for identical assets or liabilities

Level 2 – Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities that are not active, inputs other than quoted prices that are observable, and market-corroborated inputs that are derived principally from, or corroborated by, observable market data

Level 3 – Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable

8. Fair Value Measurements (continued)

The following table represents the Hospital's financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2011 and 2010, and the basis for that measurement

		Fair Value Measurement at December 31, 2011, Using:		
	Total Fair Value Measurement at December 31, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Cash equivalents	$ 12,169,780	$ 12,169,780	$ –	$ –
Mutual funds	109,209,909	109,209,909	–	–
Domestic equity securities	19,241,496	19,241,496	–	–
International equity securities	6,019,523	6,019,523	–	–
U S government securities	507,091	–	507,091	–
Mortgage-backed securities	7,931,384	–	7,931,384	–
Corporate debt securities	2,315,487	–	2,315,487	–
Beneficial interest	1,501,075	–	1,501,075	–
Total investments	$ 158,895,745	$ 146,640,708	$ 12,255,037	$ –
Interest rate swaps	$ (10,060,195)	$ –	$ (10,160,195)	$ –

8. Fair Value Measurements (continued)

	Total Fair Value Measurement at December 31, 2010	Fair Value Measurement at December 31, 2010, Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Cash equivalents	$ 28,795,647	$ 28,795,647	$ –	$ –
Mutual funds	93,462,249	93,462,249	–	–
Domestic equity securities	13,959,377	13,959,377	–	–
International equity securities	8,540,849	8,540,849	–	–
U S government securities	1,006,380	–	1,006,380	–
Mortgage-backed securities	2,953,011	–	2,953,011	–
Corporate debt securities	967,238	–	967,238	–
Beneficial interest	961,899	–	961,899	–
Total investments	$ 150,646,650	$144,758,122	$ 5,888,528	$ –
Interest rate swaps	$ (9,682,190)	$ –	$ (9,682,190)	$ –

The valuation methodologies used for instruments measured at fair value as presented in the table above are as follows

Investments

Investments valued at quoted prices available in an active market are classified within Level 1 of the valuation hierarchy Investments valued based on evaluated bid prices provided by third-party pricing services, for which quoted market prices are not available are classified within Level 2 of the valuation hierarchy

Beneficial Interest

The fair value of the beneficial interest is determined based on the fair value of the net assets held at St Joseph Foundation that are restricted for the benefit of the Hospital

8. Fair Value Measurements (continued)

Interest Rate Swap Agreements

The fair values of interest rate swap agreements are determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved and are classified within Level 2 of the valuation hierarchy

9. Commitments and Contingencies

The Hospital has guaranteed the debt of certain affiliates as disclosed in Note 6

The Hospital may be required to post additional collateral to secure obligations that would be owed to the counterparty under the interest rate swap agreements, as discussed in Note 7

On March 17, 1996, the Hospital executed an operating lease agreement with Grimes County to lease substantially all of the property, plant, and equipment of the acute care facility located in Navasota, Texas, for seven years with two renewal terms of seven years each

The following is a schedule of future minimum payments at December 31, 2011, by year and in the aggregate, under noncancelable operating leases and medical agreements

2012	$ 12,113,969
2013	9,117,087
2014	6,353,473
2015	4,440,457
2016	1,923,547
Total	$ 33,948,533

Expense for operating leases and medical agreements for the years ended December 31, 2011 and 2010, was $14,724,780 and $11,922,374, respectively

The Hospital is involved in litigation arising in the normal course of business In the opinion of management, the liability, if any, arising from such litigation is adequately covered by the Self-Insurance Fund or other insurance as mentioned in Note 1, and is not expected to have a material adverse effect on the Hospital's financial position

10. Retirement Benefit Plans

Defined Benefit Plan

The Hospital participates with other affiliated organizations in the Sisters of St Francis Lay Employees' Retirement Plan (the Sisters' Plan), which is a noncontributory defined benefit retirement plan covering eligible lay employees The Sisters' Plan provides for retirement and disability retirement benefits based on years of service and an employee's highest consecutive three-year average earnings The Sisters and the Hospital intend that this will be a permanent plan for the exclusive benefit of their participants, the joint annuitants, and beneficiaries, and intend, but do not guarantee, to make annual contributions to the fund in an amount not less than the minimum requirements set forth in the actuary's valuation report for the applicable period of time

The Sisters' Plan is accounted for as a multiemployer pension plan Accordingly, the Hospital records its required contributions to the Sisters' Plan as net periodic pension expense Participating employers contribute an amount equal to a percentage of projected covered compensation

The Hospital recognized net periodic pension expense of $6,324,800 and $7,324,500 for the years ended December 31, 2011 and 2010, respectively, based on amounts funded to the Sisters' Plan The projected and accumulated benefit obligation exceeded the fair value of plan assets by approximately $166,100,000 and $100,100,000, respectively, at December 31, 2011, using a weighted-average discount rate of 4 92%, an expected long-term rate of return on plan assets of 8 0%, and an expected rate of compensation increase of 4 5%

Defined Contribution Plan

The Hospital has also established the St Joseph Regional Health Center 403(b) Matching Plan, a single-employer defined contribution employee benefit plan All employees are eligible to participate upon the date of employment The Hospital may elect to make discretionary matching contributions of $ 50 for every $1 00 of an employee's elective deferrals, up to 2% of an employee's compensation Employees become 100% vested in the employer's contribution after three years of service The Hospital contributed approximately $443,000 and $434,000 during the years ended December 31, 2011 and 2010, respectively

11. The St. Joseph Foundation of Bryan, Texas, Inc.

The Foundation was established to provide support for the operation of the Hospital and the other health care entities of the System The Foundation's bylaws provide that all funds raised, except for funds required for operation of the Foundation, be distributed to or held for the benefit of the Hospital or the other health care entities of the System The Foundation's bylaws also provide the System with the authority to direct its activities, management, and policies The Foundation's unrestricted net assets are distributed to the Hospital and the other health care entities of the System in amounts and in periods determined by the Foundation's Board of Trustees, which may also internally restrict the use of funds for plant replacement, expansion, or other specific purposes Plant replacement and expansion funds, specific-purpose funds, and assets obtained from income from endowment funds of the Foundation are distributed as required to comply with the purposes specified by donors The Hospital has recognized a beneficial interest in the net assets of the Foundation of $1,501,075 and $961,899 at December 31, 2011 and 2010, respectively

A summary of the Foundation's assets, liabilities, net assets, results of operations, and changes in net assets is as follows

	December 31	
	2011	**2010**
Assets	**$ 2,972,171**	$ 2,384,753
Accounts payable	**$ 136**	$ 21,350
Unrestricted net assets	**187,675**	129,601
Board-designated endowments	**215,585**	215,585
Temporarily restricted net assets	**2,568,775**	2,018,217
Total liabilities and net assets	**$ 2,972,171**	$ 2,384,753

	Year Ended December 31	
	2011	**2010**
Unrestricted revenue, gains, and other support	**$ 824,259**	$ 769,826
Expenses	**(1,416,185)**	(1,395,017)
Net assets transferred from the Hospital	**650,000**	800,000
Change in unrestricted net assets	**58,074**	174,809
Change in temporarily restricted net assets	**550,558**	181,010
Change in net assets	**608,632**	355,819
Net assets, beginning of year	**2,363,403**	2,007,584
Net assets, end of year	**$ 2,972,035**	$ 2,363,403

12. Transactions With Related Parties

The Hospital has certain note agreements and intercompany transactions with affiliates Substantially all of the affiliates' cash disbursements for operating expenses and payroll expenses are processed by the Hospital Additionally, affiliates' excess cash balances are transferred to the Hospital Cash transferred net of disbursements paid by the Hospital are recognized as receivables from (payables to) related parties in the accompanying financial statements The Hospital does not accrue interest on these receivables from (payables to) related parties

The Hospital made net asset transfers totaling $10,850,000 and $7,835,882, net, during 2011 and 2010, respectively In 2011, the Hospital made net asset transfers of $9,000,000 to St Joseph Physician Associates, $650,000 to the Foundation, $600,000 to Burleson Manor, and $600,000 to St Joseph Manor In 2010, the Hospital made net asset transfers of $7,567,136 to St Joseph Physician Associates, $800,000 to the Foundation, $1,600,000 to Burleson Manor, and $68,746 to St Joseph Physician Network, Inc , and received a net asset transfer of $2,200,000 from Burleson St Joseph Health Center The Hospital's affiliates utilize net asset transfers and borrowings from the Hospital for operational purposes The Hospital may make future net asset transfers and other funds available as necessary

The receivables from (payables to) related parties are as follows

	December 31	
	2011	**2010**
Burleson St Joseph Health Center	**$ (717,075)**	$ (163,551)
Tau Enterprises, Inc	**3,356,711**	3,280,340
Madison St Joseph Health Center	**(926,822)**	803,892
St Joseph Physician Associates	**(756,846)**	–
St Joseph Foundation	**(527,433)**	(495,337)
St Joseph Manor	**1,800,189**	2,495,796
Alliance Health Providers of Brazos Valley, Inc	**(495,892)**	(469,194)
St Joseph Health System	**492,948**	1,041,628
Burleson St Joseph Manor	**1,502,284**	1,514,311
Receivables from related parties, net	**$ 3,728,064**	$ 8,007,885

The Hospital paid the System $8,824,300 and $4,041,800 for management fees and various expenses during 2011 and 2010, respectively The System paid the Hospital $40,700 in 2011 and $40,700 in 2010 for accounting assistance provided

12. Transactions With Related Parties (continued)

The Hospital had interest income from Tau Enterprises, Inc (Tau), of $13,178 and $34,800 in 2011 and 2010, respectively In addition, the Hospital has a master lease agreement with Tau guaranteeing that the total office space for certain property will be 90% occupied or the Hospital will pay the difference to Tau No payments were required in 2011 or 2010 The Hospital rented office space from Tau and paid rent of $203,000 and $210,425 in 2011 and 2010, respectively

The Hospital contracts with Alliance Health Providers of Brazos Valley, Inc (Alliance) as a participating provider organization (PPO) As part of the contract, the Hospital discounts charges to Alliance PPO participants and pays Alliance an administrative fee In 2011 and 2010, these fees amounted to $232,600 and $234,500, respectively

The Hospital provided accounting and managerial assistance through leased employees at a cost to its affiliates as follows

	2011	2010
Burleson St Joseph Health Center	**$ 72,000**	$ 72,000
Tau Enterprises, Inc	**8,300**	8,300
Madison St Joseph Health Center	**80,000**	80,000
St Joseph Physician Associates	**93,600**	93,600
St Joseph Foundation	**14,600**	14,600
St Joseph Manor	**76,400**	76,400
Alliance Health Providers of Brazos Valley, Inc	**17,600**	17,600
Burleson St Joseph Manor	**44,700**	44,700
Total	**$ 407,200**	$ 407,200

Under the Franciscan Services Self-Insurance Program (see Note 1), the Hospital paid premiums of $3,306,219 and $916,500 to the Self-Insurance Fund for professional and general liability insurance coverage during 2011 and 2010, respectively The Hospital has recorded a receivable from Sylvania Franciscan Health at December 31, 2011 of $1,389,000, which is included in other receivables in the accompanying financial statements This receivable represents a refund of premiums paid and is recorded as a reduction of premium expense

13. Functional Expenses

The Hospital provides general health care services to residents within its geographic location Expenses related to providing these services for the years ended December 31 are as follows

	2011	2010
General and administrative	**$ 109,574,578**	$ 100,577,879
Health care	**146,567,863**	147,232,117
	$ 256,142,441	$ 247,809,996

14. Subsequent Events

The Hospital evaluated events and transactions occurring subsequent to December 31, 2011 through May 7, 2012, the date of issuance of the financial statements During this period, there were no subsequent events requiring recognition in the financial statements Additionally, there were no non-recognized subsequent events requiring disclosure

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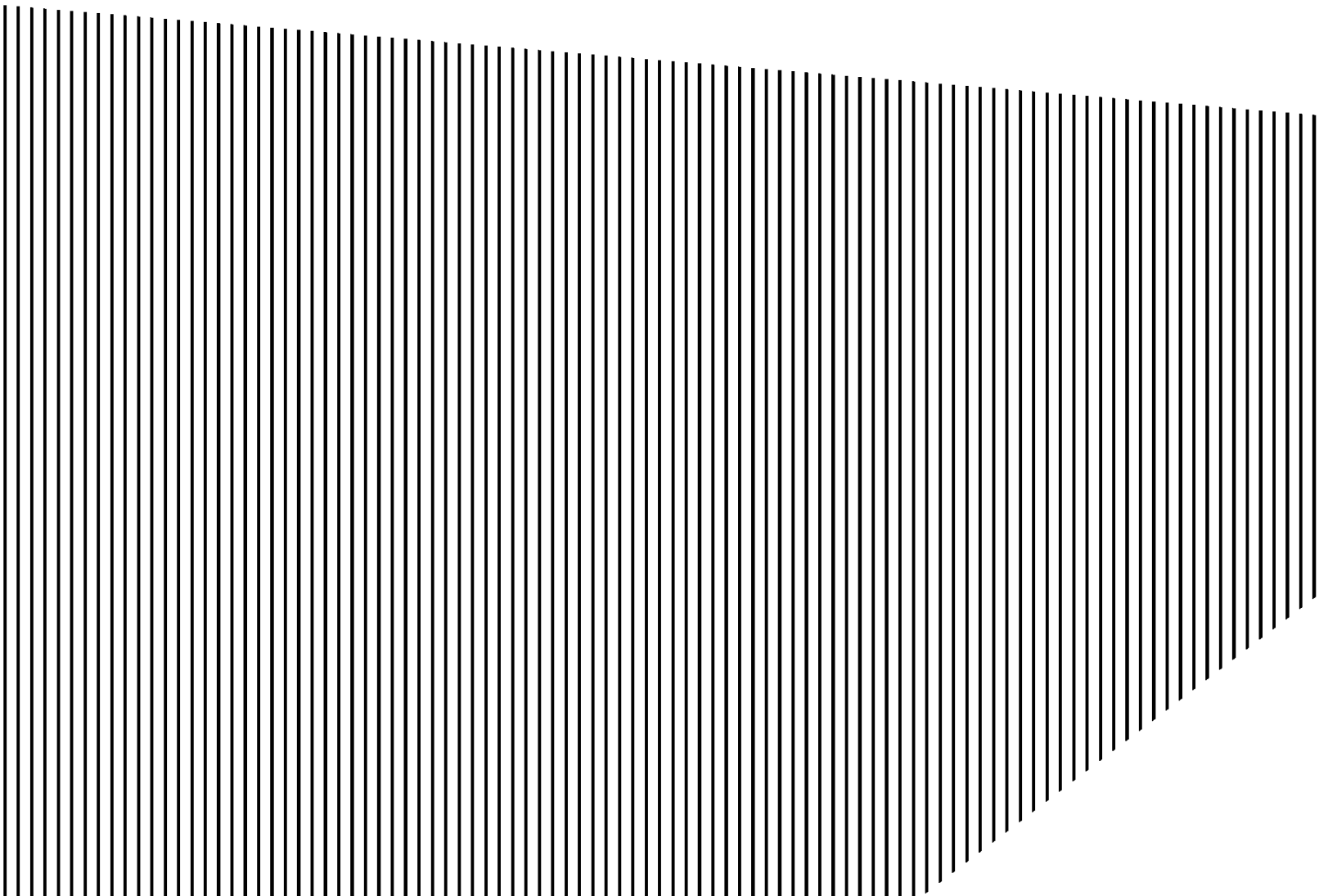

Additional Data

Software ID:
Software Version:
EIN: 74-1282696
Name: St Joseph Regional Health Center

Form 990, Special Condition Description:

Special Condition Description

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			
Robert Upchurch Chairperson	1 0	X		X				0	0	0
Terrell Rowan Vice-Chair	1 0	X		X				0	0	0
Daniel Dawson MD Secretary	1 0	X		X				22,238	0	0
Robert T Bisor III Governance Council Member	1 0	X						0	0	0
Sr Nancy Ferguson OSF Governance Council Member	1 0	X						0	0	0
Ricardo Gutierrez MD Governance Council Member	1 0	X						22,400	0	0
Terry Jenkins MD Governance Council Member	1 0	X						0	0	0
Kathleen R Krusie CEO, St Joseph Regional Health	40 0	X		X				311,586	0	28,554
Anthony D Pfitzer PRES/CEO St Joseph Health Sys	40 0	X		X				543,992	0	33,644
Garth Morgan MD Medical Staff President	1 0	X						0	192,996	12,852
George Nelson BOT Chair St Joseph Health Sys	1 0	X						0	0	0
Lisa R McNair Senior VP / CFO	40 0			X				289,852	0	24,583
Alan J Hurley Senior VP / Medical Practices	39 0			X				220,441	0	27,216
Gary Mark Montgomery Senior VP / CMO	40 0			X				324,207	0	28,719
Sr Alice Warrick deceased Senior VP/Mission Integration	32 0			X				57,441	0	4,749
Michael G Costa VP / Human Resources	40 0			X				207,475	0	24,634
Steven J Crichton VP / Support Services	40 0			X				163,284	0	17,796
Don Kirk Cristy VP / Revenue Management	40 0			X				168,528	0	26,025
Timothy C Ottinger VP / Community Relations	40 0			X				132,383	0	22,755
John A Phillips deceased VP / Information Services	40 0			X				101,137	0	12,673
Doris Redman VP / Patient Services / CNE	40 0			X				219,104	0	27,599
Jonathan R Turton VP Clinical Services	40 0			X				199,300	0	19,359
Michael F Russo VP / Information Services	40 0			X				111,065	0	14,263
Sr Penny Dunn VP / Mission Integration	40 0			X				12,838	0	899
Alen C Chang Clinical Staff Pharmacist	40 0					X		202,548	0	24,547

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			
Jerry W Taylor Clinical Staff Pharmacist	40 0					X		174,770	0	23,401
Tae-Monk Hwang-Lemos Team Leader Nursing-Crit Care	40 0					X		162,418	0	24,977
Charles M Hall Jr Operations Manager - Pharmacy	40 0					X		146,500	0	21,676
Deborah E Hill RN - Critical Care	40 0					X		142,259	0	23,422