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2012

Open to Public  
Inspection

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

## A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable	C Name of organization SAINT ALPHONSUS HEALTH SYSTEM INC		D Employer identification number 27-1929502
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (208) 367-2121
<input type="checkbox"/> Terminated	1055 NORTH CURTIS ROAD		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 BOISE, ID 837061370		
<input type="checkbox"/> Application pending			G Gross receipts \$ 51,809,926
F Name and address of principal officer SALLY JEFFCOAT 1055 NORTH CURTIS ROAD BOISE, ID 837061370		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW SAINTALPHONSUS.ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 2010 M State of legal domicile ID

## Part I Summary

1 Briefly describe the organization's mission or most significant activities HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 13
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 10
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5 96
6 Total number of volunteers (estimate if necessary) . . . . .	6 14
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 0 72,940
9 Program service revenue (Part VIII, line 2g) . . . . .	15,191,074 51,705,336
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	0 0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	138,818 31,650
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	15,329,892 51,809,926

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year 264,573 50,609
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	5,723,698 11,642,889
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) . . . . .	10,193,214 43,861,309
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	16,181,485 55,554,807
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-851,593 -3,744,881

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 2,513,266	End of Year 2,066,190
21 Total liabilities (Part X, line 26) . . . . .	3,509,825	6,807,630
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	-996,559	-4,741,440

## 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 BLAINE PETERSEN TREASURER AND CFO		2014-05-08
	Type or print name and title		Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

## **Part III Statement of Program Service Accomplishments**

**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

TO GOVERN, MANAGE AND PROVIDE ADMINISTRATIVE SERVICES TO ITS SUBSIDIARIES THE ADMINISTRATIVE SERVICES PROVIDED BY SAINT ALPHONSUS HEALTH SYSTEM FOR THE SUBSIDIARIES ALLOW FOR ECONOMIES OF SCALE THAT PERMIT THE SUBSIDIARIES TO PROVIDE HEALTHCARE SERVICES TO PATIENTS AT A REASONABLE COST

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 C

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule C.

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 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 \$ 41,329.081 including grants of \$ 50,609 ) (Revenue \$ 51,736,986

SAINT ALPHONSUS HEALTH SYSTEM IS THE SOLE MEMBER OF FOUR HOSPITAL ORGANIZATIONS -SAINT ALPHONSUS REGIONAL MEDICAL CENTER IN BOISE, IDAHO-SAINT ALPHONSUS MEDICAL CENTER - NAMPA IN NAMPA, IDAHO-SAINT ALPHONSUS MEDICAL CENTER - ONTARIO IN ONTARIO, OREGON-SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY IN BAKER CITY, OREGON TOGETHER, THEIR PURPOSE IS TO SERVE THE 21ST CENTURY HEALTHCARE NEEDS OF THE PEOPLE WHO LIVE FROM THE TREASURE VALLEY TO THE I-84 CORRIDOR IN EASTERN OREGON CURRENTLY, THE HEALTH SYSTEM (WHICH IS COMPRISED OF MORE THAN 4,000 ASSOCIATES AND A 950+ MEDICAL STAFF) SERVES OVER 700,000 PEOPLE IN TWO STATES

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

THE MISSION STATEMENT FOR SAINT ALPHONSUS HEALTH SYSTEM, INC. IS AS FOLLOWS WE, THE TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES

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

**4d** Other program services (Describe in Schedule O)

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

4e Total program service expenses  41,329,081

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
- 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
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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
  - 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
  - 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
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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 XI
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b 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 and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b 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, Parts I and IV
- 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 United States? If "Yes," complete Schedule F, Parts II and IV
- 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 United States? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
25b	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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)	28a		
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
35b	b If "Yes" to line 35a, 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	<b>Section 501(c)(3) organizations.</b> 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 11b and 19?	38	Yes	
	<b>Note.</b> All Form 990 filers are required to complete Schedule O			

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	75	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes	
<b>2a</b> 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	<b>2a</b>	96	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	No	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	No	
<b>b</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	<b>5a</b>	No	
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5b</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5c</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>6a</b>	No	
<b>6a</b> 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 as charitable contributions?	<b>6b</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>7a</b>	No	
<b>7</b> <b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7b</b>	No	
<b>a</b> 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?	<b>7c</b>	No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7d</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7e</b>	No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7f</b>	No	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7g</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7h</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>8</b>	No	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>9a</b>	No	
<b>8</b> <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9b</b>	No	
<b>9</b> <b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10</b> <b>Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b> <b>Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>		
<b>12a</b> <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b> <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	No	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	10	
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes	
<b>a</b> The governing body?	<b>8b</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No
<b>9</b> 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			

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?	<b>15a</b>	Yes
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes
<b>b</b> Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	No

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  OR
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 BRENT CHERNE CONTROLLER 6301 EMERALD ST BOISE, ID (208) 367-7192

**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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	Former			
(1) SALLY JEFFCOAT	30 00	X		X				0	750,004	99,876
TURSTEE, PRESIDENT & CEO	20 00									
(2) GEORGE JUETTEN	1 00	X		X				0	0	0
TRUSTEE, CHAIR THROUGH 12/12	4 00									
(3) BRENT LLOYD	1 00	X						0	0	0
TRUSTEE THROUGH 12/12	4 00									
(4) J RICHARD O'CONNELL	1 00	X						0	1,036,410	130,423
TRUSTEE, EVP & PRES TRIN HLTH DIV	54 00									
(5) KAYE O'RIORDAN	1 00	X						0	0	0
TRUSTEE	4 00									
(6) DARREL ANDERSON	1 00	X						0	0	0
TRUSTEE AS OF 1/13	4 00									
(7) ANDREW BENTZ	1 00	X						0	0	0
TRUSTEE AS OF 1/13	4 00									
(8) SR SHARLET WAGNER CSC	1 00	X						0	0	0
TRUSTEE	4 00									
(9) SR SHARON FORD RSM	1 00	X						0	0	0
TRUSTEE	4 00									
(10) KENNETH HART	1 00	X						0	0	0
TRUSTEE THROUGH 12/12	44 00									
(11) RONALD GRAVES	1 00	X		X				0	0	0
TRUSTEE, V CHR THR 12/12, CHR AT 1/13	4 00									
(12) VICTOR YAMAMOTO	1 00	X						0	0	0
TRUSTEE	4 00									
(13) JON WAGNILD MD	1 00	X						0	0	0
TRUSTEE	4 00									
(14) LYNN HARRIS	1 00	X						0	0	0
TRUSTEE (NON-VOTING)	4 00									
(15) MIKE REULING	1 00	X		X				0	0	0
TRUSTEE, VICE CHAIR AS OF 1/13	4 00									
(16) MATTHEW SHIRTCLIFF	1 00	X						0	0	0
TRUSTEE	4 00									
(17) STEPHANIE WESTERMEIER	30 00			X				0	279,328	39,462
SECRETARY, VP & GENERAL COUNSEL	20 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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	
		Or director	Individual trustee	Instrumental Trustee	Officer	Key employee	Highest compensated employee	Former		
(18) BLAINE PETERSEN TREASURER AND SYSTEM CFO	35.00 15.00			X				0	424,173	43,193
(19) JOSEPH SWEDISH TRINITY PRES & CEO THROUGH 3/13	1.00 54.00			X				0	3,233,500	601,476
(20) KEDRICK ADKINS TRINITY PRES, INTEG SYS THROUGH 6/13	1.00 54.00			X				0	1,821,619	126,167
(21) RODNEY REIDER COO THR 9/12, SARMC PRES AS OF 9/12	30.00 20.00			X				0	412,725	62,588
(22) JAMES POLK CHIEF QUALITY OFFICER	30.00 20.00			X				0	367,761	52,061
(23) JEAN BASOM REGIONAL DIRECTOR - SUPPLY CHAIN	30.00 20.00			X				0	165,122	69,608
(24) STEVEN BROWN CHIEF MEDICAL OFFICER	40.00 0.00				X			0	443,714	34,768
(25) RICK TURNER CHIEF MEDICAL INFORMATICS OFFICER	40.00 0.00				X			285,003	0	37,712
(26) SUSAN BUNDGARD VP HUMAN RESOURCES	40.00 0.00				X			0	244,796	33,839
(27) LINDA PAYNE SMITH VP MINISTRY SERVICES	40.00 0.00				X			0	237,312	50,542
(28) JENNIFER JOHNSON INTEGRITY AND PRIVACY OFFICER	40.00 0.00				X			206,523	0	20,190
(29) MICHAEL MURPHY FORMER KEY EMPLOYEE	0.00 0.00					X		0	180,882	16,630
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								491,526	9,597,346	1,418,535

**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 **►13**

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	Yes	
<b>4</b> 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	<b>4</b>	Yes	
<b>5</b> 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	<b>5</b>		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

**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 **►0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	71,107		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,833		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		72,940		
<b>Program Service Revenue</b>	<b>2a</b> SUBSIDIARY FEES	Business Code 900099	51,705,336	51,705,336	
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		51,705,336		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .				
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a				
<b>b</b> Less direct expenses . . . . .	b				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a				
<b>b</b> Less cost of goods sold . . . . .	b				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> OTHER RELATED REVENUE	900099	31,650	31,650		
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		31,650			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		51,809,926	51,736,986	0	0

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	50,609	50,609		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,101,102	2,306,290	794,812	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,078,336	5,264,158	1,814,178	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	995,786	740,566	255,220	
10 Payroll taxes	467,665	347,802	119,863	
11 Fees for services (non-employees)				
a Management				
b Legal	5,577,854	4,148,250	1,429,604	
c Accounting	31,279	23,262	8,017	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	633,868	471,408	162,460	
12 Advertising and promotion	2,332,662	1,734,801	597,861	
13 Office expenses	513,266	381,716	131,550	
14 Information technology	22,933,401	17,055,570	5,877,831	
15 Royalties				
16 Occupancy	29,938	22,265	7,673	
17 Travel	290,067	215,723	74,344	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,798	90,581	31,217	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INTERCO PURCHASED SVCS	9,764,341	7,261,740	2,502,601	
b CONTRACT LABOR	1,319,209	981,096	338,113	
c SUBSCRIPTIONS & DUES	213,543	158,812	54,731	
d SUPPLIES	96,060	71,440	24,620	
e All other expenses	4,023	2,992	1,031	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	55,554,807	41,329,081	14,225,726	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	12,346	69,635
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	789,951
	b Less accumulated depreciation	10b	671,743
		0	10c
			118,208
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	2,500,920	1,878,347
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,513,266	2,066,190
Liabilities	17 Accounts payable and accrued expenses	1,322,100	17
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,187,725	4,638,012
	<b>26 Total liabilities.</b> Add lines 17 through 25	3,509,825	26
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	-996,559	27
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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	-996,559	33
	34 Total liabilities and net assets/fund balances	2,513,266	34
			2,066,190

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,809,926
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,554,807
3	Revenue less expenses Subtract line 2 from line 1	3	-3,744,881
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-996,559
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,741,440

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 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
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? 3b 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	3a	No
	3b	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 27-1929502  
**Name:** SAINT ALPHONSUS HEALTH SYSTEM INC

**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 (list any hours for related organizations below dotted line)	(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	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
SALLY JEFFCOAT TRUSTEE, PRESIDENT & CEO	30 00 20 00	X		X				0	750,004 99,876
GEORGE JUETTEN TRUSTEE, CHAIR THROUGH 12/12	1 00 4 00	X		X				0	0 0
BRENT LLOYD TRUSTEE THROUGH 12/12	1 00 4 00	X						0	0 0
J RICHARD O'CONNELL TRUSTEE, EVP & PRES TRIN HLTH DIV	1 00 54 00	X						0	1,036,410 130,423
KAYE O'RIORDAN TRUSTEE	1 00 4 00	X						0	0 0
DARREL ANDERSON TRUSTEE AS OF 1/13	1 00 4 00	X						0	0 0
ANDREW BENTZ TRUSTEE AS OF 1/13	1 00 4 00	X						0	0 0
SR SHARLET WAGNER CSC TRUSTEE	1 00 4 00	X						0	0 0
SR SHARON FORD RSM TRUSTEE	1 00 4 00	X						0	0 0
KENNETH HART TRUSTEE THROUGH 12/12	1 00 44 00	X						0	0 0
RONALD GRAVES TRUSTEE, V CHR THR 12/12, CHR AT 1/13	1 00 4 00	X		X				0	0 0
VICTOR YAMAMOTO TRUSTEE	1 00 4 00	X						0	0 0
JON WAGNILD MD TRUSTEE	1 00 4 00	X						0	0 0
LYNN HARRIS TRUSTEE (NON-VOTING)	1 00 4 00	X						0	0 0
MIKE REULING TRUSTEE, VICE CHAIR AS OF 1/13	1 00 4 00	X		X				0	0 0
MATTHEW SHIRTCLIFF TRUSTEE	1 00 4 00	X						0	0 0
STEPHANIE WESTERMEIER SECRETARY, VP & GENERAL COUNSEL	30 00 20 00			X				0	279,328 39,462
BLAINE PETERSEN TREASURER AND SYSTEM CFO	35 00 15 00			X				0	424,173 43,193
JOSEPH SWEDISH TRINITY PRES & CEO THROUGH 3/13	1 00 54 00			X				0	3,233,500 601,476
KEDRICK ADKINS TRINITY PRES, INTEG SYS THROUGH 6/13	1 00 54 00			X				0	1,821,619 126,167
RODNEY REIDER COO THR 9/12, SARMC PRES AS OF 9/12	30 00 20 00			X				0	412,725 62,588
JAMES POLK CHIEF QUALITY OFFICER	30 00 20 00			X				0	367,761 52,061
JEAN BASOM REGIONAL DIRECTOR - SUPPLY CHAIN	30 00 20 00			X				0	165,122 69,608
STEVEN BROWN CHIEF MEDICAL OFFICER	40 00 0 00			X				0	443,714 34,768
RICK TURNER CHIEF MEDICAL INFORMATICS OFFICER	40 00 0 00			X				285,003	0 37,712

**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 (list any hours for related organizations below dotted line)	(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
		Former Officer Key employee Highest compensated employee							
SUSAN BUNDGARD VP HUMAN RESOURCES	40.00 0.00			X		0	244,796	33,839	
LINDA PAYNE SMITH VP MINISTRY SERVICES	40.00 0.00			X		0	237,312	50,542	
JENNIFER JOHNSON INTEGRITY AND PRIVACY OFFICER	40.00 0.00			X		206,523	0	20,190	
MICHAEL MURPHY FORMER KEY EMPLOYEE	0.00 0.00				X	0	180,882	16,630	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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.

**Name of the organization**

SAINT ALPHONSUS HEALTH SYSTEM INC

**Employer identification number**

27-1929502

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

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

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

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No

<b>(i) Name of supported organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of monetary support</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
See Additional Data Table									
Total									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14 First five years.</b> 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 <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

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

**Facts And Circumstances Test**

**Explanation**

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 27-1929502  
**Name:** SAINT ALPHONSUS HEALTH SYSTEM INC

### Form 990, Sch A, Part I, Line 11h - 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 )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
TRINITY HEALTH CORPORATION	351443425	11	Yes		Yes		Yes		0
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	820200895	3		No	Yes		Yes		0
SAINT ALPHONSUS MEDICAL CENTER - NAMPA	820200896	3		No	Yes		Yes		0
SAINT ALPHONSUS MEDICAL CENTER - ONTARIO	271789847	3		No	Yes		Yes		0
SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	271790052	3		No	Yes		Yes		0

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2012****Open to Public  
Inspection**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
 ► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
SAINT ALPHONSUS HEALTH SYSTEM INC

Employer identification number

27-1929502

**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 can 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other                     |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

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

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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

**4** Describe in Part XIII 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
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .		17,107	13,781	3,326	
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		722,910	657,962	64,948	
<b>e</b> Other . . . . .		49,934		49,934	
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					118,208

**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		
<b>Total.</b> (Column (b) must 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

**Schedule I  
(Form 990)**

## **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

2012

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**SAINT ALPHONSUS HEALTH SYSTEM INC**

**Employer identification number**

27-1929502

## 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. Part II can be duplicated 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**      **(g) Description of non-cash assistance**      **(h) Purpose of grant or assistance**

(1) GRANDE RONDE 93-0505325 501(C)3 50,000 COMMUNITY  
HOSPITAL INC SUPPORT  
PO BOX 3290  
LA GRANDE, OR 97850

**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.  
 Part III can be duplicated 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DONATIONS MADE BY SAINT ALPHONSUS HEALTH SYSTEM, INC TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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.**

**2012****Open to Public Inspection**Name of the organization  
SAINT ALPHONSUS HEALTH SYSTEM INC**Employer identification number**

27-1929502

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

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

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

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

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

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

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. SAINT ALPHONSUS HEALTH SYSTEM, INC'S CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF SAINT ALPHONSUS HEALTH SYSTEM, INC'S CEO - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - FORM 990 OF OTHER ORGANIZATIONS - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
	PART I, LINE 4B	THE FOLLOWING ARE PARTICIPANTS IN THE TRINITY HEALTH CASH BALANCE RESTORATION AND RETENTION PLAN, A NONQUALIFIED PLAN, WHICH PROVIDES RETENTION BENEFITS PLUS RETIREMENT BENEFITS FOR CERTAIN ASSOCIATES WITH EARNINGS ABOVE THE IRS PAY CAP FOR QUALIFIED PLANS (\$250,000 FOR 2012). THE FOLLOWING ACCRUALS FOR 2012 FOR THIS PLAN ARE INCLUDED IN COLUMN C OF SCHEDULE J, PART II: KEDRICK ADKINS - \$100,292; SALLY JEFFCOAT - \$55,635; J. RICHARD O'CONNELL - \$77,104; RODNEY REIDER - \$16,858; JOSEPH SWEDISH - \$543,977. PART II: THE FOLLOWING INDIVIDUALS ARE VESTED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING VESTED SERP AMOUNTS ARE INCLUDED IN COLUMN B(III) OF SCHEDULE J, PART II: KEDRICK ADKINS - \$185,540; JOSEPH SWEDISH - \$530,000. COLUMN F OF SCHEDULE J INCLUDES THE PORTION OF THESE AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS.

**Software ID:**  
**Software Version:**  
**EIN:** 27-1929502  
**Name:** SAINT ALPHONSUS HEALTH SYSTEM INC

**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				
SALLY JEFFCOAT	(i) 0 (ii) 488,811	0 186,812	74,381	0 75,635	0 24,241	0 849,880	0 0
J RICHARD O'CONNELL	(i) 0 (ii) 607,209	0 284,428	144,773	0 97,104	0 33,319	0 1,166,833	0 0
STEPHANIE WESTERMEIER	(i) 0 (ii) 278,391	0 0	0 937	0 19,972	0 19,490	0 318,790	0 0
BLAINE PETERSEN	(i) 0 (ii) 336,245	0 84,666	3,262	0 20,109	0 23,084	0 467,366	0 0
JOSEPH SWEDISH	(i) 0 (ii) 1,402,192	0 786,411	1,044,897	0 572,762	0 28,714	0 3,834,976	0 520,902
KEDRICK ADKINS	(i) 0 (ii) 784,856	0 366,716	670,047	0 112,792	0 13,375	0 1,947,786	0 265,335
RODNEY REIDER	(i) 0 (ii) 333,028	0 73,439	6,258	0 37,537	0 25,051	0 475,313	0 0
JAMES POLK	(i) 0 (ii) 296,572	0 66,854	4,335	0 34,460	0 17,601	0 419,822	0 0
JEAN BASOM	(i) 0 (ii) 139,149	0 24,098	1,875	0 54,156	0 15,452	0 234,730	0 0
STEVEN BROWN	(i) 0 (ii) 350,936	0 89,354	3,424	0 12,500	0 22,268	0 478,482	0 0
RICK TURNER	(i) 244,099 (ii) 0	39,881 0	1,023 0	19,832 0	17,880 0	322,715 0	0 0
SUSAN BUNDGARD	(i) 0 (ii) 200,340	0 43,827	629	0 18,915	0 14,924	0 278,635	0 0
LINDA PAYNE SMITH	(i) 0 (ii) 191,409	0 43,993	1,910	0 30,281	0 20,261	0 287,854	0 0
JENNIFER JOHNSON	(i) 190,049 (ii) 0	0 0	16,474 0	11,406 0	8,784 0	226,713 0	0 0
MICHAEL MURPHY	(i) 0 (ii) 139,488	0 0	41,394	0 4,650	0 11,980	0 197,512	0 0

2012

Open to Public  
Inspection**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.

Name of the organization SAINT ALPHONSUS HEALTH SYSTEM INC		Employer identification number 27-1929502
<b>Identifier</b>		
	<b>Return Reference</b>	<b>Explanation</b>
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF SAINT ALPHONSUS HEALTH SYSTEM, INC IS TRINITY HEALTH CORPORATION SEE LINE 7 FOR ADDITIONAL INFORMATION
	FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF SAINT ALPHONSUS HEALTH SYSTEM, INC TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS TO THE BOARD OF TRUSTEES OF SAINT ALPHONSUS HEALTH SYSTEM, INC
	FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN, AND ANNUAL OPERATING BUDGET TRINITY HEALTH CORPORATION MUST ALSO APPROVE SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS OF CERTAIN LIMITS, A MATERIAL CHANGE IN MISSION, AND MODIFICATIONS TO GOVERNING DOCUMENTS
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING, THE FORM 990 FOR SAINT ALPHONSUS HEALTH SYSTEM, INC IS REVIEWED BY SENIOR MANAGEMENT IN ADDITION, CERTAIN KEY SECTIONS OF THE FORM ARE REVIEWED BY THE FINANCE COMMITTEE AS WELL AS THE BOARD OF TRUSTEES. THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	SAINT ALPHONSUS HEALTH SYSTEM, INC HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH CONTAINS THE ELEMENTS IN THE MODEL CONFLICT OF INTEREST POLICY ISSUED BY THE IRS. IT APPLIES TO ALL "INTERESTED PERSONS" OF SAINT ALPHONSUS HEALTH SYSTEM, INC, WHICH INCLUDES TRUSTEES, PRINCIPAL OFFICERS AND EXECUTIVES, AND MEMBERS OF COMMITTEES WITH BOARD DESIGNATED POWERS. INTERESTED PERSONS ARE REQUIRED TO ACT AT ALL TIMES IN A MANNER CONSISTENT WITH SAINT ALPHONSUS HEALTH SYSTEM INC'S CHARITABLE PURPOSE AND SERVICE TO THE COMMUNITY AND TO AVOID CONFLICTS OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO SAINT ALPHONSUS HEALTH SYSTEM, INC OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE BOARD OF TRUSTEES OF SAINT ALPHONSUS HEALTH SYSTEM, INC IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF TRANSACTIONS WITH INTERESTED PERSONS, INCLUDING DETERMINING THAT SUCH TRANSACTIONS ARE FAIR AND REASONABLE TO SAINT ALPHONSUS HEALTH SYSTEM, INC ON AN ANNUAL BASIS. INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE REVIEWED WITH THE BOARD OF TRUSTEES OF SAINT ALPHONSUS HEALTH SYSTEM, INC ON AN ANNUAL BASIS.
	FORM 990, PART VI, SECTION B, LINE 15	TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF CERTAIN OFFICERS AND KEY MANAGEMENT OFFICIALS OF SAINT ALPHONSUS HEALTH SYSTEM, INC ARE REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD, AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH REGARD TO CERTAIN COMPENSATION MATTERS. AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.
	FORM 990, PART VI, SECTION C, LINE 19	SAINT ALPHONSUS HEALTH SYSTEM, INC IS A SUBSIDIARY ORGANIZATION IN THE TRINITY HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US" SECTION. IN THIS SECTION, THE ANNUAL REPORT (WHICH INCLUDES COMMUNITY BENEFIT MINISTRY INFORMATION) AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE.
	FORM 990, PART XII, LINE 2	SAINT ALPHONSUS HEALTH SYSTEM, INC'S FINANCIAL STATEMENTS WERE INCLUDED IN THE FY13 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SAINT ALPHONSUS HEALTH SYSTEM INC

**Employer identification number**

27-1929502

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

(a) Name, address, and EIN (if applicable) 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

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

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

**Software ID:**  
**Software Version:**  
**EIN:** 27-1929502  
**Name:** SAINT ALPHONSUS HEALTH SYSTEM INC

Schedule B (Form 990) 2012

Page 5

**Part VII      Supplemental Information**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST PETER'S AMBULATORY SURGERY CENTER LLC  1375 WASHINGTON AVENUE STE 201 ALBANY, NY 12206 46-0463892	OUTPATIENT SURGERY	NY	N/A									
CATHERINE HORAN BUILDING LIMITED PARTNERSHIP  1221 MAIN STREET ROOM 108 HOLYOKE, MA 010400000 04-2723429	PROPERTY MANAGEMENT	MA	N/A									
WESTERN MASSACHUSETTS PETCT IMAGING CENTER LLC  100 BAYVIEW CIRCLE STE 400 NEWPORT BEACH, CA 92660 20-4744663	OUTPATIENT MEDICAL SERVICES	DE	N/A									
CENTRAL NEW JERSEY HEART SERVICES LLC  29 E 29TH STREET 2ND FLOOR BAYONNE, NJ 07002 20-8525458	CARDIAC PROGRAM	NJ	N/A									
SMMC MOB II LP  1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 36-4559869	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A									
THE AMBULATORY SURGERY CENTER AT ST MARY LLC  1203 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 23-2871206	OUTPATIENT SURGERY	PA	N/A									
EAST NORRITON MEDICAL ASSOCIATES  ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2319531	MEDICAL OFFICE BUILDING	PA	N/A									
GATEWAY HEALTH PLAN  300 GRANT STREET PITTSBURGH, PA 15219 25-1691945	MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE ORGANIZATION	PA	N/A									
MERCYMANOR PARTNERSHIP  PO BOX 10086 TOLEDO, OH 436990086 52-1931012	NURSING HOME	PA	N/A									
ST AGNES LONG TERM INTENSIVE CARE LLP  C/O MHS ONE WEST ELM ST STE 100 CONSHOHOCKEN, PA 19428 20-0984882	LONG TERM INTENSIVE CARE	PA	N/A									
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES LP  2601 HOLME AVE PHILADELPHIA, PA 19152 23-2388040	MEDICAL OFFICE BUILDING	PA	N/A									
SJV MANAGEMENT LLC  200 CENTURY PKWY STE 200E MOUNT LAUREL, NJ 08054 20-2273476	RADIOLOGY	NJ	N/A									
PHYSICIANS OUTPATIENT SURGERY CENTER LLC  1000 NE 56TH STREET OAKLAND PARK, FL 33334 35-2325646	AMBULATORY SURGERY CENTER	FL	N/A									
CENTER FOR SURGERY & DIGESTIVE ORDERS  3641 SOUTH MIAMI AVENUE MIAMI, FL 33133 51-0438152	OUTPATIENT MEDICAL SERVICES	FL	N/A									
IDAHO ASC HOLDINGS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 36-4729605	AMBULATORY SURGERY CENTER	AL	SAINT ALPHONSIUS HEALTH SYSTEM INC	RELATED	-708,796	389,165		No		Yes		51 000 %

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY HEALTH VENTURES INC 565 W WESTERN AVE MUSKEGON, MI 49440 38-3522260	SOFTWARE MARKETING	MI	N/A	C					No
GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C					No
HACKLEY HEALTH MANAGEMENT CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C					No
HACKLEY HEALTH VENTURES INC 1415 LEAHY ST MUSKEGON, MI 49442 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C					No
HACKLEY HEALTHCARE EQUIPMENT 1415 LEAHY ST MUSKEGON, MI 49442 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C					No
HACKLEY PROFESSIONAL CENTER 1415 LEAHY ST MUSKEGON, MI 49442 38-3024797	REAL ESTATE RENTAL	MI	N/A	C					No
HACKLEY PROFESSIONAL PHARMACY 1415 LEAHY ST MUSKEGON, MI 49442 38-2447870	PHARMACY	MI	N/A	C					No
HEF INC 1415 LEAHY ST MUSKEGON, MI 49442 38-3086401	OFFICE STAFFING	MI	N/A	C					No
HOLY CROSS PRIVATE HOME SERVICES CORP 11801 TECH ROAD SILVER SPRING, MD 20904 52-1986562	HOME CARE SERVICES	MD	N/A	C					No
HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C					No
HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR PO BOX 992 ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C					No
IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C					No
MARYLAND CARE GROUP INC 11801 TECH ROAD SILVER SPRING, MD 20904 52-1815313	HEALTHCARE HOLDING	MD	N/A	C					No
MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	OUTPATIENT PHARMACY	ID	N/A	C					No
MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MERCY SERVICES CORPORATION  2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C					No
MICHIGAN ATHLETIC CLUB  2500 BURTON GRAND RAPIDS, MI 49546 38-2647304	ATHLETIC CLUB	MI	N/A	C					No
MOUNT CARMEL HEALTH PROVIDERS INC  6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C					No
NORTH IOWA MERCY MEDICAL SERVICES INC  1000 4TH ST SW MASON CITY, IA 50401 42-1382308	MEDICAL SERVICES	IA	N/A	C					No
PRIORITY PLUS OF CALIFORNIA  PO BOX 27230 FRESNO, CA 93729 77-0395267	FORMERLY HLTH MGMT NOW DISCONTINUED OPERATIONS	CA	N/A	C					No
SAINT ALPHONSUS PHYSICIANS PA  1055 NORTH CURTIS ROAD BOISE, ID 837061370 33-1078261	PHYSICIANS	ID	N/A	C					No
SAINT MARY'S HEALTH MANAGEMENT COMPANY  1640 EAST PARIS SE GRAND RAPIDS, MI 49546 38-3450733	ATHLETIC CLUB	MI	N/A	C					No
SURGERY CENTER FINANCING CORPORATION  6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1531102	FINANCE, INSURANCE AND REAL ESTATE	OH	N/A	C					No
THRE SERVICES LLC  20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C					No
TRINITY HEALTH EMPLOYEE BENEFIT TRUST  20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T					No
VENZKE INSURANCE COMPANY LTD  PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C					No
WEST SHORE PROFESSIONAL BUILDING CONDOMINIUM  1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C					No
WESTSHORE HEALTH NETWORK  1820 44TH STREET KENTWOOD, MI 49508 38-3280200	PHYSICIAN HOSPITAL ORGANIZATION	MI	N/A	C					No
WORKPLACE HEALTH OF GRAND HAVEN  1415 LEAHY ST MUSKEGON, MI 49442 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C					No
SAMARITAN MEDICAL OFFICE BUILDING INC  2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C					No

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION INC  1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	No
CATHERINE HORAN BUILDING INC  C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-2938160	BUILDING MANAGEMENT	MA	N/A	C					No
DIVERSIFIED COMMUNITY SERVICES INC  C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-3128890	MEDICAL SERVICES	MA	N/A	C					No
MERCY INPATIENT MEDICAL ASSOCIATES INC  C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-3029929	MEDICAL SERVICES	MA	N/A	C					No
PROVIDENCE HOME CARE INC  C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-3317426	HEALTH CARE SERVICES	MA	N/A	C					No
SYSTEM COORDINATED SERVICES INC  C/O SPHS 1221 MAIN STREET SUITE 108 HOLYOKE, MA 010400000 04-2938181	LAB SERVICES	MA	N/A	C					No
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST  1221 MAIN STREET ROOM 108 HOLYOKE, MA 010400000 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C					No
SJM PROPERTIES INC  411 CANISTEO STREET HORNELL, NY 148482101 16-1294991	PROPERTY HOLDINGS	NY	N/A	C					No
CARBONDALE AREA PHYSICIANS' ASSOCIATION PC  100 LINCOLN AVE CARBONDALE, PA 18407 23-2801677	MEDICAL INSURANCE CONTRACTING	PA	N/A	C					No
CARBONDALE AREA PHYSICIANS' PHO INC  100 LINCOLN AVE CARBONDALE, PA 18407 23-2801676	INACTIVE	PA	N/A	C					No
CARBONDALE PHYSICIANS' SERVICES INC  100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C					No
CHESTNUT RISK SERVICES LTD  11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C					No
LIFECARE PHYSICIANS PC  601 HAMILTON AVENUE TRENTON, NJ 086291986 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C					No
MULTICARE PLUS INC  601 HAMILTON AVENUE TRENTON, NJ 086291986 22-3435844	INACTIVE	NJ	N/A	C					No
LANGHORNE SERVICES II INC  1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C					No

(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LANGHORNE SERVICES INC 1201 LANGHORNE- NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS,	PA	N/A	C					No
GATEWAY HEALTH PLAN INC 600 GRANT STREET PITTSBURGH, PA 15219 25-1505506	HEALTH CARE	PA	N/A	C					No
GATEWAY HEALTH PLAN INC OF OHIO 600 GRANT STREET PITTSBURGH, PA 15219 30-0282076	HEALTH CARE	PA	N/A	C					No
MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C					No
HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	HEALTH CARE BILLING	NJ	N/A	C					No
LOURDES MEDEICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C					No
JEANNETTE MEDICAL PROVIDERS 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 25-1787334	HOLDING COMPANY	PA	N/A	C					No
JEANNETTE OBGYN GROUP 1 INC 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 23-2890748	HOLDING COMPANY	PA	N/A	C					No
JEANNETTE PRIMARY CARE GROUP 1 INC 3805 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 23-2890743	HOLDING COMPANY	PA	N/A	C					No
GEORGIA HEALTH ENTERPRISES LLC 1230 BAXTER STREET ATHENS, GA 30606 54-1806329	HEALTHCARE	GA	N/A	C					No
ST MARY'S HIGHLAND HILLS VILLAGE INC 1660 JENNINGS MILL PKLY BOGART, GA 30622 58-2276801	ASSISTED LIVING	GA	N/A	C					No
GHE PHYSICIANS PC 3500 PIEDMONT ROAD ATLANTA, GA 30305 58-2277939	PRACTICE MANAGEMENT	GA	N/A	C					No
NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE HIGHWA, FL 333080000 59-1145192	MEDICAL SERVICES	FL	N/A	C					No
MERCY PHYSICIAN GROUP INC 3663 SOUTH MIAMI AVENUE MIAMI, FL 33133 20-2970015	HEALTH CARE	FL	N/A	C					No
STELLA MARIS INSURANCE COMPANY LIMITED PO BOX 69 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ 98-0078266	INSURANCE	CJ	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CATHOLIC HEALTH EAST SENIOR SERVICES  3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 37-1572595	SENIOR SERVICES	PA	N/A	C					No

## --&gt; Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	L	2,427,024	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY	Q	338,119	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	L	7,190,015	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC	Q	508,121	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	L	4,811,863	PER BOOKS
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC	Q	471,474	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	L	37,307,845	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	Q	467,626	PER BOOKS
SAINT ALPHONSUS REGIONAL MEDICAL CENTER	P	168,785	PER BOOKS
TRINITY HEALTH CORPORATION	M	24,730,712	PER BOOKS
TRINITY HEALTH CORPORATION	P	13,799,875	PER BOOKS
TRINITY HEALTH CORPORATION	C	71,107	PER BOOKS