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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
301 PROSPECT AVE

City or town, state or country, and ZIP + 4
SYRACUSE, NY 132031899

D Employer identification number
15-0532254

E Telephone number
(315) 703-2163

G Gross receipts $ 526,222,912

F Name and address of principal officer
Sr Mary Obrist
301 Prospect Ave
Syracuse, NY 13203

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

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

H(c) Group exemption number ▶

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

J Website: ▶ SJHSYR ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1895 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RELIGIOUS & CHARITABLE, TEACHING HOSPITAL

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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of employees (Part V, line 2a)	**5**	4,179
6	Total number of volunteers (estimate if necessary)	**6**	425
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	217,525
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,941,463	2,524,878
	9 Program service revenue (Part VIII, line 2g)	400,797,758	406,148,848
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,312,808	3,525,145
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,660,419	24,074,029
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	434,712,448	436,272,900
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,400	5,800
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	220,835,307	230,143,481
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	198,906,464	200,731,168
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	419,762,171	430,880,449
	19 Revenue less expenses Subtract line 18 from line 12	14,950,277	5,392,451

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	314,111,498	321,859,819
	21 Total liabilities (Part X, line 26)	142,258,183	143,335,648
	22 Net assets or fund balances Subtract line 21 from line 20	171,853,315	178,524,171

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

****** | 2010-11-15
Signature of officer | Date

SISTER MARY OBRIST Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's identifying number (see instructions)
ANGELA M FRANCO		☐	

Firm's name (or yours if self-employed), address, and ZIP + 4
FUST CHARLES CHAMBERS LLP
5784 WIDEWATERS PARKWAY
SYRACUSE, NY 13214

EIN ▶

Phone no ▶ (315) 446-3600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Our Mission We are passionate healers dedicated to honoring the Sacred in our sisters and brothers Our Vision To be world-renowned for passionate patient care and outstanding clinical outcomes Core Values In the spirit of good Stewardship, we heal by practicing Compassion through our kindness, concern and genuine caring, Reverence in honoring the dignity of the human spirit, Excellence by expecting the best of ourselves and others, Integrity by being and speaking the truth

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 110,536,328 including grants of $) (Revenue $ 126,170,661)

Heart Disease and StrokeCardiovascular disease is the leading cause of death in the nation, New York state and Onondaga County Since St Joseph's performed the first open heart surgery in Central New York in 1958, it has continued to lead the way in the prevention, detection and treatment of heart disease For example - Surgeons perform more than 1,000 open-heart procedures, including 700 coronary artery bypass grafts and 336 valve replacements - Interventional cardiologists perform more than 5,500 cardiac catheterizations and nearly 2,000 percutaneous coronary interventions - Specialists conduct more than 300 electrophysiology cases, including three-dimensional mappings - Electrophysiologists and surgeons implant approximately 650 cardiac defibrillators and pacemakers The 12th Annual HealthGrades Quality in America Study issued in October, 2009, ranked St Joseph's among the top five percent in the nation for overall cardiac services, cardiac surgery and coronary interventional procedures In addition, St Joseph's is a recipient of the 2010 HealthGrades - Cardiac Care Excellence Award - five years in a row- Coronary Intervention Excellence Award - three years in a row- Cardiac Surgery Excellence Award - four years in a rowHealthGrades ranked the hospital - #1 in New York state for cardiac surgery three years in a rowHealthGrades rated St Joseph's - Five stars (best) for cardiac surgery - four years in a row- Five stars (best) for coronary bypass surgery - five years in a row- Five stars (best) for valve replacement surgery - five years in a row- Five stars (best) for coronary interventional procedures - eight years in a row- Five stars (best) for treatment of heart attackSt Joseph's holds recognition as a Blue Distinction Center for Cardiac Care from Excellus BlueCross BlueShield EKG Transmission from Ambulances St Joseph's emergency department receives EKGs from ambulances in the field that are en route to the hospital The new, web-based system, called LIFENET STEMI Management Solution from Physio-Control, allows emergency medical technicians (EMTs) to alert the ED staff to incoming patients with a dangerous form of heart attack known as STEMI (ST elevation myocardial infarction) STEMI poses a serious threat to the heart muscle, and the quicker patients receive treatment the more likely they are to have a positive outcome EMTs use the system to transmit 12-lead EKGs from the field directly to the ED This helps save time, which is the key to saving heart muscle By having the opportunity to read the EKG sooner, the ED physicians can activate the AMI team, the specific staff who care for heart attack patients, earlier This early warning system provides an enormous benefit to heart attack patients because it will result in a reduction of door to wire times The tool is particular helpful during off-shifts and weekends when it may take a bit longer to convene the AMI team According to local ambulance corps, this technology is a huge step toward better patient care, particularly for those ambulance corps that serve counties without cardiac catheterization labs Often those EMS providers have to manage unstable patients for more than 30 miles to deliver them to the level of care they require The capability of transmitting 12 lead EKGs helps patients get the care they need sooner, saving both lives and heart muscle Certified Chest Pain Center In 2009, St Joseph's Hospital received Chest Pain Center Accreditation from the Society of Chest Pain Centers St Joseph's is the only hospital in Central New York with this accreditation St Joseph's undertook a rigorous re-evaluation and refinement of heart care processes to integrate the industry's best practices and newest paradigms into its cardiac care services The hospital's state-of-the-art cardiovascular program works seamlessly with area emergency medical services to ensure that patients get the treatment they need during the critical early stages of a heart attack As an Accredited Chest Pain Center, St Joseph's ensures patients who come to the hospital complaining of chest pain or discomfort are given the immediate treatment necessary to avoid as much heart damage as possible Protocol-based procedures developed by leading experts in cardiac care to reduce time to treatment in the critical early stages of a heart attack are part St Joseph's overall cardiac services In addition to Chest Pain Center accreditation, St Joseph's is the only hospital in Syracuse designated as a Mission Lifeline STEMI hospital by the American Heart Association for its systematic and multidisciplinary approach to treating heart attacks Outreach to Northern New York St Joseph's continued its telemedicine program with Samaritan Medical Center in Watertown, N Y , to achieve optimal cardiac care for Central and Northern New York Samaritan houses a freestanding catheterization laboratory that services the largely rural Jefferson, St Lawrence, Lewis and Franklin counties Samaritan's cath lab utilizes the expertise of St Joseph's invasive cardiologists All patients are screened for risk factors and any cardiac cath candidates who display at-risk symptomatology are referred to St Joseph's Hospital for inpatient cardiac catheterization procedures, angioplasty or cardiac surgery interventions St Joseph's Express Admission Line is a hotline used primarily for the speedy transfer of cardiac patients from rural hospitals without cardiac catheterization labs It can also be a lifesaving tool used to transfer any patient in need to the appropriate level of care as soon as possible When a patient requires specialty care unavailable at his or her current health care facility, medical personnel call the Express Line, which is answered 24-hours-a-day, seven-days-a-week by St Joseph's administrative nursing coordinator The nursing coordinator listens to the description of the patient's condition, contacts the St Joseph's physician on call for the particular specialty needed, and within minutes all three parties are engaged in a three-way potentially lifesaving conversation The St Joseph's physician can obtain critical patient information and give specific instructions for care during transport, while the nursing coordinator simultaneously checks for available beds and alerts those needed to prepare for the patient's arrival To expedite the process, hospital representatives from both locations then take care of paperwork and other important information, while the patient is enroute The Express Line has literally been a lifesaver, because precious time is not spent searching for an open bed or triaging the patient a second time upon arrival at St Joseph's, but only on making sure the patient receives the best possible medical care immediately and throughout his or her stay Rehabilitation St Joseph's offers the only comprehensive cardiac rehabilitation program that is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation and is the largest such program in Central New York In 2009, St Joseph's admitted more than 250 patients, providing nearly 18,000 patient visits A medically supervised exercise program is also held at the site This program is specifically designed for people who want to exercise and maintain their independence, but whose chronic disease states put them at risk for exercising in standard gyms

4b (Code) (Expenses $ 39,052,013 including grants of $) (Revenue $ 38,225,393)

Home Care & Chronic Kidney DiseaseHome Care - St Joseph's Certified Home Health Care Agency The St Joseph's Hospital Health Center network offers in-home services to a diverse population through its affiliate organization, Franciscan Health Support, and the hospital-owned St Joseph's Certified Home Health Care Agency Home care helps patients transition from hospital to home and supports people who are at home by providing services they need to avoid readmission to the hospital or a nursing home The two agencies conducted nearly 180,000 home visits last year, helping many in Central New York to remain in the comfort of their own homes Our Certified Home Health Care Agency is ranked among the top 100 home care agencies in the nation and provides such services as skilled nursing, physical, occupational, and speech therapy, home health aide and personal care services, social services, and nutritional care Franciscan Health Support offers home health aide and personal care services, skilled nursing, and medical equipment Together, the two agencies combine forces to provide the best possible care to those they serve, often those in the community who are most at need, including the elderly, homebound, acutely ill, or dying The need for home care services in the community has increased greatly due to the expanding elderly population, the ever-shortening hospital stay, and nursing home diversion initiatives and our agencies continue to increase efforts to meet this demand and the needs of the community Regional Dialysis Center and satellite sites To improve the quality of life for Central New Yorkers with kidney disease, St Joseph's operates a Regional Dialysis Center in Syracuse and four satellite facilities St Joseph's dialysis program serves more than 58,197 patient visits annually The 30-station Regional Dialysis Center also houses peritoneal dialysis and comprehensive services for patients, including nutrition counseling, social work services and nursing assessments Free parking, a canopied entrance to protect patients during bad weather, cable TVs/DVDs at each patient station and an ergonomic patient lifting system are all available Comprehensive services for patients, including nutritional counseling, social work services and nursing assessments are available at all sites Besides the impact on individual lives, kidney disease results in the most hospital admissions and is one of the most expensive diseases in the country By keeping patients healthier longer, we hope to save taxpayers (Medicare) and insurers millions of dollars St Joseph's home dialysis program has grown exponentially since its inception in 2006 It offers an option for patients who may not wish to travel to a dialysis center multiple times a week With the help of a 75- pound machine the size of a small suitcase, patients and caregivers can dialyze at home instead of coming to a dialysis center for treatment They can spend fewer hours at a time and can dialyze more often, which is even better for the patients Patients on home dialysis can receive treatment six days a week instead of three days at a center, which is ideal for end stage renal patients To meet a growing community need for dialysis, St Joseph's also operates outpatient dialysis centers located in Fayetteville, Camillus, Liverpool and a satellite center in Cortland, NY, in conjunction with Cortland Regional Medical Center, to serve patients in the southern region of the community A computer system links all four of the dialysis sites, as well as the Acute Kidney Unit, to the Hospital's dialysis central center for continuity of care

4c (Code) (Expenses $ 35,540,603 including grants of $) (Revenue $ 19,799,445)

Mission Services & OtherPrimary Care Centers & Mental HealthPrimary Care CentersCommitted to improving access to health care services for those who are underserved, St Joseph's has established primary care sites in areas where many of these individuals live This helps address a known barrier, which is access to transportation for those without insurance or who use Medicaid Westside Family Health Center The Westside Family Health Center primarily serves patients of all ages from Syracuses near West side The bi-lingual staff provides obstetrics, gynecological care, pediatric well and sick visits, immunizations, physical exams, blood draws, nutrition and financial counseling, and referrals to specialists, as needed Physicians are available 24-hours-a-day, seven-days-a-week The Center saw 6,395 patient visits in 2009 Many families come from Cuba, Puerto Rico, Ukraine, Somalia, Sudan, Bosnia and Burma and 85 percent of patients are non-English speaking or have limited English proficiency The patient population is 44 percent Hispanic, 22 percent African-American, and two percent Native American Seventy-three percent of patients are Medicaid, Medicare or self-pay Maternal Child Health Center Obstetric and Pediatric Offices Located at 516 Prospect Ave ,Syracuse, St Joseph's Maternal Child Health Center specializes in women's health care In addition tophysicians, a physician's assistant, nurse practitioner and registered nurses provide pregnancy care andgynecological services Lab services, WIC assistance, PCAP applications, fetal testing and sonograms, social services, nutritional counseling, financial counseling and phlebotomy are also available at the Maternal Child Health Center OB/GYN office At the Pediatric Office, health and family education and mental health screenings are also available, as well as an initiative to improve child literacy through the Reach Out and Read program There is a strong connection between pre- and post-natal care from outpatient obstetrics to inpatient maternity and newborn services and then back to outpatient obstetrics and pediatric services Seventy-three percent of MCHC patients are Medicaid, Medicare or self-pay A large percentage of patients are Vietnamese The Maternal Child Health Center Pediatrics office, which saw 13,833 patient visits in 2009 provides pediatric services for patients up to age 17, well-child visits, sick visits, immunizations, physical exams and referrals to specialists, as needed Nutrition and financial counseling also are available and social workers are on site Family Medicine Center Located on the hospital campus, St Joseph's Family Medicine Center is available to provide all the health care needs of families, including prenatal, pediatric and adult care Services include 24-hour physician coverage, obstetrics, caring for children, women's health, care of hospitalized patients, and office care for most medical problems, as well as family therapy counseling, mental health screening, lab services, WIC assistance, PCAP applications and nutritional, financial and social work counseling In 2009, there were 19,334 patient visits, 77 percent of the patients are Medicaid, Medicare or self-pay Dental Office St Joseph's dental office cares for many of the area's underinsured, as well as patients with mental and/or physical disabilities A 24-hour on-call system is in place in all of St Joseph's primary care sites There were 10,691 patient visits in 2009, 83 percent of the patients are Medicaid, Medicare or self-pay One in five is wheelchair-bound In addition, the primary care centers incorporate a dental assessment in all age groups and if necessary, referrals are made to St Joseph's Dental Office A two-year old program to treat prenatal patients in the primary care centers helps to prevent poor outcomes to the fetus related to poor dental care Specialties Services St Joseph's takes referrals from its emergency department, primary care services and physicians throughout the community for orthopedics/sports medicine, allergy/asthma services and infectious disease In addition, it operates a hand clinic, spinal clinic and breast and surgical clinic, where cancer screenings are routinely performed Sixty-six percent of the patients seen in specialties services are Medicaid, Medicare or self-pay There were 3,437 patient visits in 2009 Mental Health and Mental DisordersIn response to a critical community need, St Joseph's Mental Health Services promotes positive mental health and addresses a broad range of psychiatric illnesses including bipolar disorder, depression, psychotic disorders, mood and anxiety disorders, substance abuse and addiction, and child and adolescent psychiatric disorders Each patients individual treatment needs are responded to with planning for patient-specific care which may include individual psychotherapy, group therapy, family counseling, inpatient care, psychopharmacology, rehabilitation services and vocational counseling While outstanding services are given to all patients, with nearly one quarter of its patient population 17 years and younger, providers at St Joseph's work diligently to offer innovative state-of-the-art treatment options that are successful with, and capture the interest of, children St Joseph's Mental Health Services records over 53,000 outpatient visits and nearly 920 inpatient admissions each year St Joseph's, the largest provider of mental health services in Onondaga County, has offered comprehensive mental health care to the community since 1947 Designated by New York State as a Community Mental Health Center since 1967, St Joseph's provides a full continuum of mental health services In addition to a 30-bed inpatient unit, St Joseph's offers outpatient psychotherapy, adult and children's day treatment programs, rehabilitation and supported employment programs, transitional living services, access for the homeless and LINK, a school-based program for children and families In partnership with University Hospital, St Josephs also operates the regions only psychiatric emergency program, providing compassionate care for community members during some of their most serious psychiatric crises The mission of St Joseph's Mental Health Services reflects a concern with preventing mental illness, promoting mental health and providing comprehensive care for those persons suffering from mental disorders Mental Health Services places emphasis on consideration of biological, cultural, ethnic, family and social environment in treating patients, as well as the belief that comprehensive and appropriate treatment can best be implemented at the least restrictive level of care that is therapeutically advisable Adequate care of the mentally ill has become an urgent need in the Central New York community, and St Joseph's continues to find ways to provide greater access to mental health care for those in need St Joseph's mental health services and CPEP partner with a variety of local organizations, including SUNY Upstate Department of Psychiatry, Onondaga County Department of Mental Health, Social Services and probation, Onondaga Case Management Services, Inc , United Way of Central NY, Onondaga Wraparound, The Syracuse Rescue Mission, Salvation Army, Emergency Shelter Barnabas House, State Street Apartments Booth House, local law enforcement, University Hospital, Onondaga Case Management Services, Inc , Family Tapestry, Elmcrest Children's Center, Hillside Children's Center, Liberty Resources, Inc , Central New York Services, Inc , North Syracuse School District, East-Syracuse Minoa School District and the Syracuse Behavioral Health Center Programs - Adult Outpatient and Children and Youth Outpatient Clinics- Comprehensive Homeless Access to Nontraditional Clinical Experiences (CHANCE)- Continuing Day Treatment (CDT)- Innovations in Vocational Support Assisted Competitive Employment (ACE Project) - Intensive Psychiatric Rehabilitation Treatment- New Connections Clubhouse- Psychiatric home care services- Residential Services Program- St Joseph's Vocational Services- Volunteer Program for Syracuse Behavioral Health clients- Leading, Integrating, Networking for Kids (LINK)- Comprehensive Psychiatric Emergency Program (CPEP)- CPEP Mobile Crisis Outreach Program- Children's Health Innovation Project (CHIP)- CPEP Facility Expansion and Re-Location- Doctors Across New York Physician Loan Repayment Progam

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 188,796,796 including grants of $) (Revenue $ 245,435,233)

4e **Total program service expenses** ▶ $ 373,925,740

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	217		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,179		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b		No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 14		
b	Enter the number of voting members that are independent . .	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

MICHELLE SCHMIDT
301 PROSPECT AVE
SYRACUSE,NY 132031899
(315) 703-2163

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	4,631,092	0	101,634

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶166

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
King & King Architects 358 W Jefferson Street Manlius, NY 13104	Architect	2,563,767
Team Health PO Box 634850 Cincinnati, OH 45263	MEDICAL	1,039,313
ANESTHESIA GROUP PC 301 prospect ave SYRacuse, NY 13203	MEDICAL	930,800
DIVERSIFIED CLINICAL SERVICES PO BOX 850001 ORLANDO, FL 328850248	MEDICAL	648,403
CBD Construction 5015 CAMPUSWOOD DRIVE East Syracuse, NY 13057	Construction	600,519
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶38		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	129,065			
	e	Government grants (contributions)	1e	2,262,290			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	133,523			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,524,878			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENU	621,990	406,148,848	406,148,848		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		406,148,848			
	3	Investment income (including dividends, interest and other similar amounts)		3,477,806			3,477,806
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	746,270				
	b	Less rental expenses	371,650				
	c	Rental income or (loss)	374,620				
	d	Net rental income or (loss)		374,620			374,620
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	89,625,701				
	b	Less cost or other basis and sales expenses	89,521,140	57,222			
	c	Gain or (loss)	104,561	-57,222			
	d	Net gain or (loss)		47,339			47,339
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER EXEMPT OPERATING	900,099	20,836,163	20,836,163		
	b	Income from Joint Vent	621,500	2,863,246	2,645,721	217,525	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		23,699,409			
	12	**Total revenue.** See Instructions		436,272,900	429,630,732	217,525	3,899,765

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,800	5,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,928,479	523,824	2,404,655	
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	185,164,694	157,296,348	27,868,346	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,808,830	4,625,663	1,183,167	
9	Other employee benefits	22,880,619	20,668,526	2,212,093	
10	Payroll taxes	13,360,859	11,223,123	2,137,736	
11	Fees for services (non-employees)				
a	Management	3,286,386	1,573,889	1,712,497	
b	Legal	421,221		421,221	
c	Accounting	294,380		294,380	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	46,798,254	40,859,649	5,938,605	
12	Advertising and promotion	1,379,380	361,051	1,018,329	
13	Office expenses	1,608,737	764,962	843,775	
14	Information technology	4,939,683	4,149,334	790,349	
15	Royalties				
16	Occupancy	12,155,434	10,925,046	1,230,388	
17	Travel	561,553	504,752	56,801	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	480,394	359,152	121,242	
20	Interest	2,225,911	2,225,911		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,556,014	13,067,052	2,488,962	
23	Insurance	3,150,666	2,729,458	421,208	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Supply Expense	93,942,368	90,331,597	3,610,771	
b	BAD DEBT EXPENSE	8,954,736	8,954,736		
c	OTHER EXPENSES	2,166,076	558,039	1,608,037	
d	Equipment Rental	1,760,533	1,168,386	592,147	
e	NYS Assessment	1,049,442	1,049,442		
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	430,880,449	373,925,740	56,954,709	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		773,037	1	284,284
	2	Savings and temporary cash investments		11,202,228	2	5,018,829
	3	Pledges and grants receivable, net		1,404,767	3	995,863
	4	Accounts receivable, net		62,571,555	4	70,047,836
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		41,427	5	58,871
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,206,000	7	5,589,002
	8	Inventories for sale or use		5,099,894	8	4,562,670
	9	Prepaid expenses and deferred charges		3,873,823	9	4,372,797
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 316,104,190			
	b	Less accumulated depreciation	10b 197,357,451	110,289,064	10c	118,746,739
	11	Investments—publicly traded securities		89,856,555	11	82,250,931
	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		23,793,148	15	29,931,997
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		314,111,498	16	321,859,819
Liabilities	17	Accounts payable and accrued expenses		57,747,126	17	57,080,099
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		47,943,441	23	45,863,228
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		36,567,616	25	40,392,321
	26	**Total liabilities.** Add lines 17 through 25		142,258,183	26	143,335,648
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		166,591,518	27	168,957,358
	28	Temporarily restricted net assets		2,435,154	28	6,476,708
	29	Permanently restricted net assets		2,826,643	29	3,090,105
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		171,853,315	33	178,524,171
	34	Total liabilities and net assets/fund balances		314,111,498	34	321,859,819

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
ST JOSEPHS HOSPITAL HEALTH CENTER	15-0532254

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		116,421
j	Total lines 1c through 1i			116,421
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Part II-B, Line 1(I), Other Lobbying Activities Dues paid HANYS & Iroquois, fees paid to Pinsky & Skandalis

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	5,261,797	3,708,929			
b Contributions	4,596,237	4,786,816			
c Investment earnings or losses	452,512	105,722			
d Grants or scholarships					
e Other expenditures for facilities and programs	743,733	3,128,226			
f Administrative expenses					
g End of year balance	9,566,813	5,473,241			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 66 000 % %
- c Term endowment ▶ 34 000 % %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,339,709		3,339,709
b Buildings		158,372,706	95,636,395	62,736,311
c Leasehold improvements		3,983,635	1,932,083	2,051,552
d Equipment		132,380,028	97,905,631	34,474,397
e Other		18,028,112	1,883,342	16,144,770
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				118,746,739

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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
EQUITY - SJLS	2,864,738
DUE FROM SJHHC FOUNDATION	272,995
DUE FROM FRANCISCAN MGT/HEALTH SUPPORT SERVICES-NET	484,276
UNAMORTIZED DEBT/PENSION COSTS	921,434
DUE FROM AFFILIATE-MDR/MRI	50,695
DUE FROM AFFILIATE-LACNY	2,785,833
EQUITY INTEREST IN NET ASSETS OF SJHHC FOUNDATION	21,295,607
Restricted Assets	164,264
DUE FROM Joint Ventures	953,017
DUE FROM Liverpool Dialysis	139,138
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	29,931,997

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED POST RETIRE HEALTH BENEFITS-LT	19,541,044
ACCRUED WORKERS COMP	5,613,456
Pension Plan Liability	12,950,140
SJHHC Properties	1,136,846
457B Plan Liability	1,099,365
MOC LLC	51,470
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	40,392,321

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	436,272,900
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	430,880,449
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,392,451
4	Net unrealized gains (losses) on investments	4	-2,119,692
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,398,097
9	Total adjustments (net) Add lines 4 - 8	9	1,278,405
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,670,856

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowments are intended to support Hospital mission services, education, and technology advancements
Part XI, Line 8 - Other Adjustments		CHANGE IN NET ASSETS OF ST JOSEPH'S FOUNDATION 6409766 Pension & Post Retirement changes -3011669

Additional Data

Software ID:
Software Version:
EIN: 15-0532254
Name: ST JOSEPHS HOSPITAL HEALTH CENTER

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
EQUITY - SJLS	2,864,738
DUE FROM SJHHC FOUNDATION	272,995
DUE FROM FRANCISCAN MGT/HEALTH SUPPORT SERVICES-NET	484,276
UNAMORTIZED DEBT/PENSION COSTS	921,434
DUE FROM AFFILIATE-MDR/MRI	50,695
DUE FROM AFFILIATE-LACNY	2,785,833
EQUITY INTEREST IN NET ASSETS OF SJHHC FOUNDATION	21,295,607
Restricted Assets	164,264
DUE FROM Joint Ventures	953,017
DUE FROM Liverpool Dialysis	139,138

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000000 %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			4,001,006	0	4,001,006	0 930 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			45,727,269	35,341,955	10,385,314	2 410 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			127,792,968	118,987,549	8,805,419	2 040 %
d **Total** Charity Care and Means-Tested Government Programs			177,521,243	154,329,504	23,191,739	5 380 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,761,976	0	1,761,976	0 410 %
f Health professions education (from Worksheet 5)			4,657,507	0	4,657,507	1 080 %
g Subsidized health services (from Worksheet 6)			3,973,958	0	3,973,958	0 920 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			10,393,441		10,393,441	2 410 %
k **Total.** Add lines 7d and 7j			187,914,684	154,329,504	33,585,180	0

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			1,671,884		1,671,884	0 390 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			90,092		90,092	0 020 %
8	Workforce development						
9	Other						
10	**Total**			1,761,976		1,761,976	0 410 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,937,138		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	4,001,006		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	118,987,549
6	Enter Medicare allowable costs of care relating to payments on line 5	6	127,792,968
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-8,805,419
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Laboratory Alliance of CNY	Laboratory Services	33 330 %	0 %	0 %
2	MDR	MRI Services	40 000 %	0 %	60 000 %
3	SJLS	Dialysis Services	60 000 %	15 000 %	0 %
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Joseph's Hospital Health Center 301 Prospect Ave Syracuse, NY 13203	X	X		X			X		Home Care Agency, OP Primary Care and Mental Health Services

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part III, Line 4 The Hospital has agreements with third-party payors that provide payments to the Hospital at amounts different from established rates Payment arrangements include prospectively determined rates per discharge, cost-based reimbursement, discounted charges and per diem payments Net patient service revenue and the related receivables are reported at the estimated net realizable amounts from patients, third-party payors and others as services are rendered, including estimated retroactive adjustments due to future audits, reviews and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations An allowance for doubtful accounts receivable is estimated by management based on periodic reviews of the collectibility of accounts receivable considering historical experience and prevailing economic conditions Revenue from the Medicare and Medicaid programs accounted for approximately 47 percent and 10 percent, respectively, of the Hospital's net patient service revenue for 2009 and 48 percent and 10 percent, respectively, of the Hospital's net patient service revenue for 2008 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Net patient service revenue increased by approximately 1,421,000 and $691,000 in 2009 and 2008,respectively, related to either settlement of prior year issues or changes in estimates associated with third-party issues The Hospital grants unsecured credit to its patients, most of whom are local residents and are insured under third-party payor agreements The mix of receivables from patients and third-party payors at Decembcr 31 was as follows 2009Medicare 41%Medicaid 15%Private payors 16%Insurance and a1l others 28%2008Medicare 42%Medicaid 11%Private payors 13%Insurance and a1l others 34%

Part III, Line 8 Please see description of community benefit activities noted in the 990 Part III Statement of Program Service Accomplishments

Part III, Line 9b Any patient at SJHHC will receive medical treatment whether or not the patient is insured or uninsured in accordance with the policy and the procedures herewith SJHHC may reserve the right to refuse Financial Aid on pre-scheduled elective procedures only It is the intent of the financial counseling representatives, to follow-up on every claim within a 30-day period, in an effort to provide financial assistance in accordance with the programs defined in our Financial Assistance Policy The account will be noted each month as to the follow-up efforts made by the financial Counselors baring any unforeseen issues, delays with patient contacts, delays with the DSS, etc For those patients who are interested in financial assistance, patients will be contacted by a SJHHC Financial Counselor (FC) and instructed on the availability to enroll in Medicaid, Child Health Plus (CHP) and Family Health Plus (FHP), through a referral to those Medicaid Managed Care (MMC) Facilitated Enroller who has a Medicaid Managed Care contract with SJHHC, or a referral to the local County Department of Social Services depending on the patients demographics Regardless of who completes the Medicaid application, the completion of one Medicaid application allows a patient access to enroll in Medicaid, CHP or FHP, depending on the combined income and assets of the patient and their family (if applicable) Other options to be discussed will be Financial Aid and Monthly Payment plans At all patient access points there will be FA pamphlets notifying patients and family members of the existence and availability of the Financial Counseling Unit Patients and family members may discuss all programs offered either in person or by phone Note Patients who may be eligible for Medicaid, Child Health Plus or Family Health Plus, who do not comply with the application requirements of their local Department of Social Services may not be eligible for Financial Aid These patients may also be subject to bad debt, in accordance with the rules and regulations of the SJHHC Bad Debt Policy In addition, our data mailers being sent to patients for any amount they may owe on a bill now includes the phone number of our Financial Counseling Unit if the patient needs financial assistance This section is also colorized for easy recognition

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

Part I General Information on Grants and Assistance

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

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

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

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

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

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

3 Enter total number of other organizations . . . ▶

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

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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Documentation is retained on file for grants issued to other organizations including any record of application or other correspondence

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Theodore Pasinski	(i)	655,856	0	0	6,908	7,123	669,887	0
	(ii)	0	0	0	0	0	0	0
Dennis Ehrich MD	(i)	326,452	0	0	3,241	1,081	330,774	0
	(ii)	0	0	0	0	0	0	0
Anne Marie Czyz	(i)	182,136	0	0	4,598	689	187,423	0
	(ii)	0	0	0	0	0	0	0
Frank Smith Jr	(i)	286,361	0	0	6,723	472	293,556	0
	(ii)	0	0	0	0	0	0	0
Mary Brown	(i)	251,656	0	0	4,981	2,799	259,436	0
	(ii)	0	0	0	0	0	0	0
Charles Fennell	(i)	208,831	0	0	4,098	1,050	213,979	0
	(ii)	0	0	0	0	0	0	0
Michael Shaffer	(i)	334,825	0	0	4,098	712	339,635	0
	(ii)	0	0	0	0	0	0	0
Kathryn Ruscitto	(i)	367,454	0	0	4,098	-28	371,524	0
	(ii)	0	0	0	0	0	0	0
Margaret Martin	(i)	179,124	0	0	3,977	1,044	184,145	0
	(ii)	0	0	0	0	0	0	0
Mark Murphy	(i)	193,323	0	0	5,686	3,661	202,670	0
	(ii)	0	0	0	0	0	0	0
Balvindar Sareen MD	(i)	340,051	0	0	3,069	1,081	344,201	0
	(ii)	0	0	0	0	0	0	0
Alfredo Lopez MD	(i)	302,290	0	0	4,798	1,321	308,409	0
	(ii)	0	0	0	0	0	0	0
Tonya Paul	(i)	290,643	0	0	0	9,824	300,467	0
	(ii)	0	0	0	0	0	0	0
Kwame Adusei MD	(i)	290,997	0	0	4,163	472	295,632	0
	(ii)	0	0	0	0	0	0	0
Chaudhury Davuluri MD	(i)	294,074	0	0	3,919	1,081	299,074	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Supplemental Information	Part III	AFTER-TAX 457(F) PLAN ELIGIBILITY FOR THE AFTER-TAX 457(F) PLAN SHALL BE LIMITED TO THOSE INDIVIDUALS WHO ARE PRIMARILY UPPER MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES OF THE HOSPITAL WHO ARE SELECTED IN THE SOLE DISCRETION OF THE HOSPITAL'S BOARD OF TRUSTEES OR ITS DESIGNEE ELIGIBLE EMPLOYEES WHO HAVE BEEN SELECTED BY THE EXECUTIVE COMMITTEE OF THE BOARD ARE SET FORTH ON EXHIBIT A OF THE PLAN ALL EMPLOYER CONTRIBUTIONS TO THE PLAN ARE IMMEDIATELY VESTED THIS PLAN IS AN INCENTIVE TO CONTINUE TO PROVIDE VALUABLE SERVICES TO THE HOSPITAL AND AS AN INCENTIVE TO RECRUIT NEW EMPLOYEES TO PROVIDE NEEDED HEALTHCARE SERVICES TO THE COMMUNITY, AND AS SUCH IS REVIEWED ON AN ANNUAL BASIS BY THE COMPENSATION COMMITTEE PARTICIPANTS THEODORE PASINSKI $99,200 FRANK SMITH, JR $12,950 CHARLES FENNELL $5,820 MICHAEL SHAFFER $21,675 KATHRYN RUSCITTO $7,875

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

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ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
michael shaffer		X	69,377	58,871		No		No	Yes	
Total . . . . . ▶ $				58,871						

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Lori Deptula Kirch	Relative of Board Member	47,740	Employment arrangement		No
Helen Dunham	Relative of Board Member	15,150	Employment Arrangement		No
Diane Pasinski	Relative of Board Member	13,459	Employment Arrangement		No
Jason Pasinski	Relative of Board Member	20,438	Employment Arrangement		No
Christopher Ehrich	Relative of Board Member	26,982	Employment Arrangement		No
Vincent P Sweeney	Business 35% Owned by Board Member & Relative	350,063	Business Transaction		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

Identifier	Return Reference	Explanation
Form 990, Part V, line 3b		Timely extension filed and approved, 990-T will be submitted by extended due date of 11/15/2010
Form 990, Part VI, Section A, line 6		The Members of the Corporation, St Joseph's Hospital Health Center, include and are limited to the General Minister and Council members of the Sisters of St Francis of the Neumann Communities
Form 990, Part VI, Section A, line 7a		The Members of the Corporation may elect the Board of Trustees and remove Board Members
Form 990, Part VI, Section A, line 7b		The Members of the Corporation who is the General Minister and Council members of the Sisters of St Francis of the Neumann Communities shall retain the power and authority to - Change the philosophy, mission and purpose of the Corporation, - Adopt and/or amend the Certificate of Incorporation, - Adopt and/or amend the By-Laws, - Elect the Board of Trustees and remove the Board members with or without cause, - Appoint the President and Chief Executive Officer of the Corporation, - Approve the purchase, sale, lease, mortgage of real property, and approve the purchase, sale of gift of capital assets, - Approve the merger, consolidation or affiliation of the Corporation with another corporation, organization or program, - Approve the dissolution of the Corporation and disposition of assets
Form 990, Part VI, Section B, line 11		The Finance Committee and the Board of Trustees will review the Form 990 prior to its submission A copy of the 990 will be provided to the Committee and Board prior to the meeting for discussion
Form 990, Part VI, Section B, line 12c		Consistent with the Hospital Bylaws which requires a duty to disclose, on an annual basis at a defined time, all Board of Trustees are given the conflict of interest policy and form to review and complete The President of the Board of Trustees tracks the submission process to ensure that all form are completed and submitted The information from the conflict of interest statements are reviewed at a subsequent Board Meeting Any new individuals appointed as a Trustee will complete this review and submission process after they have been confirmed The interested person is required to leave the Board or Committee meeting while the determination of a conflict of interest is discussed and voted upon An interested person may make a presentation at the Board or Committee meeting, but after such presentation, he/she shall leave the meeting during the discussion of and vote on the transaction or arrangement that results form the conflict of interest The Board of Trustee meeting minutes reflect whenever a Board Member abstains from voting
Form 990, Part VI, Section B, line 15		The Hospital Bylaws establishes an Executive Compensation Committee As delegated representatives of the Board of Trustees, the Committee is responsible for ensuring that the Executive Compensation Program is appropriate and that its compensation and benefits are reasonable and not excessive The Committee reviews executive compensation annually The Committee uses consulting services and comparative data from Yaffe Associates They may also use comparative data from Iroquois a/o HANYS
Form 990, Part VI, Section C, line 19		St Joseph's Hospital Health Center does not make its governing documents, conflicts of interest policy, and financial statements available to the public It does however produce an annual report which contains financial information and is readily distributed and made available to the public

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

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Name of the organization
ST JOSEPHS HOSPITAL HEALTH CENTER

Employer identification number
15-0532254

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
St Joseph's Hospital Foundation 301 Prospect Ave Syracuse, NY 13203 22-2149775	Fundrasing for Hospital	NY	501 (c)(3)	11a	N/A
St Joseph's Hospital Properties 301 Prospect Ave Syracuse, NY 13203 23-7219294	Property Management Company	NY	501 (c)(3)	11a	N/A
St Josephs Physician Health PC 301 Prospect Ave Syracuse, NY 13203 16-1516863	Physician Professional Services	NY	501 (c)(3)	11b	N/A
SJ Management Company of Syracuse Inc 301 Prospect Ave syracuse, NY 13203 27-1763712	Support St Joseph's Hospital Heatlh Center	NY	501 (c)(3)	11a	St Joseph's Hospital Health Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SJLS LLC 222 Bloomingdale Rd - Suite 400 White Plains, NY10605 20-1796650	Dialysis Treatments	NY	N/A	Related	1,695,259	2,864,738		No			No
MDRMRI Technical Services 4567 Crossroads Park Drive Liverpool, NY13088 16-1590982	Medical Imaging Services	NY	N/A	Related	315,692	50,695		No			No
Laboratory Alliance of CNY 1304 Buckley Road Syracuse, NY132124302 16-1536202	Laboratory Services	NY	N/A	Related	549,617	442,477		No	217,525		No
Liverpool Dialysis Center LLC 1304 Buckley Road Syracuse, NY132124302 26-1890615	Dialysis Treatments	NY	N/A	related	32,677	139,138		No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Franciscan Management Services Inc 7246 Janus Park Drive Liverpool, NY13088 16-1351193	Management Services	NY	N/A	C			
Franciscan Health Support Inc 7246 Janus Park Drive Liverpool, NY13088 16-1236354	Durable Medical Equipment	NY	N/A	C			
Healthcare Management Services 7246 Janus Park Drive Liverpool, NY13088 16-1450960	Management and Billing Services	NY	N/A	C			
Franciscan Associates INC 7246 Janus Park Drive Liverpool, NY13088 20-2991688	Holding Company	NY	N/A	C			

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

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

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

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

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

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 15-0532254
Name: ST JOSEPHS HOSPITAL HEALTH CENTER

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	SJLS LLC	A	746,270
(2)	SJLS LLC	K	7,179,053
(3)	SJLS LLC	L	1,313,457
(4)	SJLS LLC	R	5,984,333
(5)	Laboratory Alliance of CNY	D	3,093,149
(6)	Laboratory Alliance of CNY	A	438,409
(7)	Laboratory Alliance of CNY	L	13,016,793
(8)	MDRMRI Technical Services	A	151,658
(9)	MDRMRI Technical Services	R	519,785
(10)	MDRMRI Technical Services	L	444,000
(11)	Franciscan Management Services Inc	E	135,789
(12)	Franciscan Management Services Inc	K	175,100
(13)	Franciscan Health Support Inc	K	92,940

Additional Data

Software ID:
Software Version:
EIN: 15-0532254
Name: ST JOSEPHS HOSPITAL HEALTH CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 188,796,796 including grants of $) (Revenue $ 245,435,233)

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marya Gendzielweski MD Board Trustee	10 00	X						0	0	0
Pawan Rao MD Board Trustee	10 00	X						0	0	0
August Caponecchi Board Trustee	10 00	X						0	0	0
George Deptula Esq Board Trustee	10 00	X						0	0	0
Sr Monica Zmolek Board Trustee	10 00	X						0	0	0
John Murphy III Board Trustee	10 00	X						0	0	0
Sandra Sulik MD Board Trustee	10 00	X						0	0	0
Vincent P Sweeney Board Trustee	10 00	X						0	0	0
Charles Zimmerman Board Trustee	10 00	X						0	0	0
Sr Patricia Burkard Officer - Chair	10 00	X		X				0	0	0
Sr Mary Obrist Officer - Secretary/Trea	10 00	X		X				0	0	0
Lucinda Drescher Board Trustee	10 00	X						0	0	0
Sharon McAuliffe Esq Board Trustee	10 00	X						0	0	0
Theodore Pasinski President, CEO & Board T	40 00	X		X		X		655,856	0	14,031
Dennis Ehrich MD VP - Medical Affairs & B	40 00			X		X		326,452	0	4,322
Joseph Scicchitano VP - Support Services	40 00			X				127,019	0	4,895
Anne Marie Czyz VP - Clinical Services	40 00			X				182,136	0	5,287
Frank Smith Jr VP - Special Health Prog	40 00			X				286,361	0	7,195
Mary Brown Senior VP - Business Dev	40 00			X				251,656	0	7,780
Charles Fennell VP - Information Service	40 00			X				208,831	0	5,148
Michael Shaffer VP & CFO - Fiscal Affair	40 00			X				334,825	0	4,810
Kathryn Ruscitto Senior VP - Strategic Pl	40 00			X				367,454	0	4,070
Margaret Martin VP - Marketing/Communica	40 00			X				179,124	0	5,021
Mark Murphy VP - Care Management & A	40 00			X				193,323	0	9,347
Balvindar Sareen MD Medical Director	40 00					X		340,051	0	4,150

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alfredo Lopez MD Physician	40 00					X	302,290	0	6,119
Tonya Paul Physician	40 00					X	290,643	0	9,824
Kwame Adusei MD Physician	40 00					X	290,997	0	4,635
Chaudhury Davuluri MD Physician	40 00					X	294,074	0	5,000

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supply Expense	93,942,368	90,331,597	3,610,771	
BAD DEBT EXPENSE	8,954,736	8,954,736		
OTHER EXPENSES	2,166,076	558,039	1,608,037	
Equipment Rental	1,760,533	1,168,386	592,147	
NYS Assessment	1,049,442	1,049,442		