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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 Joseph's Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3003 W Dr Martin Luther King Blvd

City or town, state or country, and ZIP + 4
Tampa, FL 33607

D Employer identification number
59-0774199

E Telephone number
(813) 870-4942

G Gross receipts $ 719,654,493

F Name and address of principal officer
Isaac Mallah
3003 W Dr Martin Luther King
Tampa, FL 33607

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: ▶ www Sjbhealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1963 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
St Joseph's Hospital will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of employees (Part V, line 2a)	**5**	5,479
6	Total number of volunteers (estimate if necessary)	**6**	613
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,620,724
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-366,403

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,894,568	4,688,742
	9 Program service revenue (Part VIII, line 2g)	663,923,483	709,937,943
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,645	-11,221
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,834,286	5,004,701
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	673,653,982	719,620,165
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	70,000	138,000
	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)	242,689,052	258,766,284
	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)	367,569,548	385,589,662
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	610,328,600	644,493,946
	19 Revenue less expenses Subtract line 18 from line 12	63,325,382	75,126,219

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	826,506,674	799,697,234
	21 Total liabilities (Part X, line 26)	280,784,726	139,435,307
	22 Net assets or fund balances Subtract line 21 from line 20	545,721,948	660,261,927

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2010-11-10

Cathy Yoder CFO
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)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 55 IVAN ALLEN BOULEVARD SUITE 1000 ATLANTA, GA 30308			EIN ▶ Phone no ▶ (404) 874-8300

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

St Joseph's Hospital will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care

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 $ 553,684,972 including grants of $ 138,000) (Revenue $ 709,550,811)

Hospital Patient Care - See Schedule H

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 553,684,972

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		No
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		No
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	Yes	
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee 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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	414		
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	5,479		
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		Yes	
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		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 19		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its 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		No
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		

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 ▶

Cathy Yoder
3003 W Dr Martin Luther King Jr Blv
Tampa, FL 33607
(813) 870-4235

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 . . . . . ▶	1,487,757	3,720,044	470,877

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 ▶ 111

			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
HKS Inc PO BOX 731121 DALLAS, TX 753731121	Architecture srvcs	1,699,498
Cogent Healthcare of Pensacola PO Box 973087 DALLAS, TX 75397	Medical Services	1,680,514
SIEMENS MEDICAL SOLUTIONS DEPT AT 40065 ATLANTA, GA 31192	IT SUPPORT	3,237,897
BAY LINEN INC PO BOX 13275 NEWARK, NJ 07101	LAUNDRY Services	3,045,278
RANON PARTNERS INC 515 W BAY ST STE 20 TAMPA, FL 33606	ARCHITECT	1,449,292
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 ▶ 76		

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				
	e	Government grants (contributions)	1e	4,529,534			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	159,208			
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total.** Add lines 1a-1f		4,688,742			
Program Service Revenue			Business Code				
	2a	HOSPITAL PATIENT CARE	621,990	433,185,523	431,564,799	1,620,724	
	b	MEDICARE/MEDICAID NET REVENUE	621,990	276,752,420	276,752,420		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		709,937,943			
	3	Investment income (including dividends, interest and other similar amounts)		18,994			18,994
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)	237,584				
	d	Net rental income or (loss)		237,584			237,584
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		4,113			
	b	Less cost or other basis and sales expenses		34,328			
	c	Gain or (loss)		-30,215			
	d	Net gain or (loss)		-30,215			-30,215
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722,210	4,412,755			4,412,755
	b	NET LOSS ON BOND RESTRUCTURING	523,000	-879,230			-879,230
	c	MISCELLANEOUS	621,990	1,233,592	1,233,592		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		4,767,117			
	12	**Total revenue.** See Instructions		719,620,165	709,550,811	1,620,724	3,759,888

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	138,000	138,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	743,239	680,000	63,239	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 Other salaries and wages	217,095,819	213,939,521	3,156,298	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,311,029	9,175,658	135,371	
9 Other employee benefits	16,077,153	15,843,412	233,741	
10 Payroll taxes	15,539,044	15,310,517	228,527	
11 Fees for services (non-employees)				
a Management	0	0		
b Legal	75,605		75,605	
c Accounting	12,065		12,065	
d Lobbying	0	0		
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	0	0		
g Other	32,826,188	31,249,829	1,576,359	
12 Advertising and promotion	56,944	-8,254	65,198	
13 Office expenses	117,561,267	112,596,608	4,964,659	
14 Information technology	529,117	526,773	2,344	
15 Royalties	0	0		
16 Occupancy	11,755,672	9,943,247	1,812,425	
17 Travel	840,162	529,927	310,235	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		
19 Conferences, conventions, and meetings	0	0		
20 Interest	7,493,484	7,493,484		
21 Payments to affiliates	0	0		
22 Depreciation, depletion, and amortization	38,078,247	37,995,448	82,799	
23 Insurance	21,114,770	20,792,606	322,164	
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 CORPORATE ALLOCATION	76,355,374		76,355,374	
b BAD DEBT EXPENSE	48,816,486	48,816,486		
c DIETARY	6,857,690	6,738,821	118,869	
d ASSESSMENTS	8,647,293	8,647,293		
e MISCELLANEOUS	14,569,298	13,275,596	1,293,702	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	644,493,946	553,684,972	90,808,974	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		114,028	1	28,549
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		49,392,223	4	83,269,159
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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		0	7	4,268,993
	8	Inventories for sale or use		9,829,541	8	11,519,995
	9	Prepaid expenses and deferred charges		2,180,438	9	2,992,850
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 742,230,540			
	b	Less accumulated depreciation	10b 333,946,616	307,351,478	10c	408,283,924
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,683,139	13	13,541,093
	14	Intangible assets		2,288,962	14	3,552,290
	15	Other assets See Part IV, line 11		452,666,865	15	272,240,381
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		826,506,674	16	799,697,234
Liabilities	17	Accounts payable and accrued expenses		40,068,320	17	52,561,672
	18	Grants payable			18	
	19	Deferred revenue		0	19	169,620
	20	Tax-exempt bond liabilities		178,678,551	20	0
	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		0	23	298,131
	24	Unsecured notes and loans payable to unrelated third parties		275,202	24	0
	25	Other liabilities Complete Part X of Schedule D		61,762,653	25	86,405,884
	26	**Total liabilities.** Add lines 17 through 25		280,784,726	26	139,435,307
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		533,542,235	27	647,767,635
	28	Temporarily restricted net assets		12,139,713	28	12,454,292
	29	Permanently restricted net assets		40,000	29	40,000
		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		545,721,948	33	660,261,927
	34	Total liabilities and net assets/fund balances		826,506,674	34	799,697,234

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

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 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 Joseph's Hospital Inc

Employer identification number
59-0774199

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI 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		5,736,409		5,736,409
b Buildings		320,764,917	196,041,992	124,722,924
c Leasehold improvements		505,907	93,858	412,050
d Equipment		190,765,080	137,808,806	52,956,274
e Other		224,458,228	1,960	224,456,267
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				408,283,924

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
Deposits	400,880
Physician Recruitment	3,614,833
Due from Affiliates	268,224,668
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	272,240,381

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ESTIMATED THIRD PARTY SETTLEMENT	40,110,823
Asset Retirement Obligation	1,879,026
Abandoned Property	60,197
Pension Obligation	43,277,607
Serp Liability	960,558
Other Liabilities	117,673
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	86,405,884

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	719,620,165
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	644,493,946
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	75,126,219
4	Net unrealized gains (losses) on investments	4	18,833,438
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	650,734
9	Total adjustments (net) Add lines 4 - 8	9	19,484,172
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	94,610,391

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	733,825,632
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	18,833,438		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	650,734		
e	Add lines **2a** through **2d**			2e	19,484,172
3	Subtract line **2e** from line **1**			3	714,341,460
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	5,278,705		
c	Add lines **4a** and **4b**			4c	5,278,705
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	719,620,165

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

1	Total expenses and losses per audited financial statements			1	639,215,241
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	639,215,241
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	5,278,705		
c	Add lines **4a** and **4b**			4c	5,278,705
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	644,493,946

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 XI, Line 8		Change in Interest in Foundation $650,734
Part XII, Line 2d		Change in Interest in Foundation $650,734
Part XII, Line 4b		Revenues netted with Expenses $5,278,705
Part XIII, Line 4b		Expenses netted with Revenues $5,278,705

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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 Joseph's Hospital Inc

Employer identification number
59-0774199

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 250 %	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		No
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)	1	13,588	25,682,073	5,106,412	20,575,661	3 450 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1	86,991	137,600,708	106,738,701	30,862,007	5 180 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	1	13,538	14,709,789	8,031,878	6,677,911	1 120 %
d **Total** Charity Care and Means-Tested Government Programs	3	114,117	177,992,570	119,876,991	58,115,579	9 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	16	45,194	873,749	77,598	796,151	0 130 %
f Health professions education (from Worksheet 5)	2	867	1,904,339	0	1,904,339	0 320 %
g Subsidized health services (from Worksheet 6)	3		982,484	0	982,484	0 160 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	4	95	1,385,961	0	1,385,961	0 240 %
j **Total** Other Benefits	25	46,156	5,146,533	77,598	5,068,935	0 850 %
k **Total.** Add lines 7d and 7j	28	160,273	183,139,103	119,954,589	63,184,514	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						
4	Environmental improvements						
5	Leadership development and training for community members	1	120	32,354		32,354	0 010 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development	1	621	4,718		4,718	
9	Other						
10	**Total**	2	741	37,072		37,072	0 010 %

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	8,658,079		
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	5,095,528		
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	118,209,750		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	116,930,468		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,279,282		
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					
2					
3					
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 INC 3001 W MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	X						X		
ST JOSEPH'S CHILDREN'S HOSPITAL 3001 W DR MARTIN LUTHER KING JR BL TAMPA, FL 33607	X		X				X		PART OF MAIN HOSPTL
ST JOSEPH'S WOMEN'S HOSPITAL 3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607	X								PART OF MAIN HOSPTL

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

Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for charity consideration These patients are screened by designated team members in our Medical Assistance Department The Agency for Health Care Administration (AHCA) defines charity eligibility at 200 percent of the federal poverty guidelines, unless the total hospital bill is more than 25 percent of the patient's annual income Medicaid recipients who have exceeded their coverage limits are also considered for charity care ST JOSEPH'S HOSPITAL goes above and beyond the AHCA requirements by providing additional "hardship" charity for patients who are at 250 percent of the federal poverty guidelines In addition, an automated uninsured discount of 40% is given to any patient who does not have insurance coverage or benefits There is no income or asset test required for the uninsured discount Patients receive an additional 10% discount if the account is paid within 30 days

Bad debt expense of $48,816,486 was included on Form 990, Part IX, line 25, column (A), but subtracted for purposes of calculating the percentage in this column

Charity care and Means-Tested Government Programs costs (lines a through d) are determined using our cost accounting system, which captures all inpatients and outpatients, including emergency room patients The system also captures all patient pay types - private insurance, Medicare, Medicaid, uninsured and self pay The costs have been offset by any payments received from Medicaid or any other uncompensated care program Other Benefits at cost (lines e through j) were compiled by the community health department using the Catholic Health Association Guide for Planning and Reporting Community Benefits

The organization's financial statements do not include a footnote directly on bad debt expense Bad debt expense at cost was calculated by the ratio of cost to charge method, using data from Schedule H Total expense of the organization is reduced by the community benefit expenses reported on Part I, line 7 (column C), and gross patient revenue is reduced by the direct offsetting revenue reported on Part I, line 7 (column D) The resulting ratio of cost to charges is then applied to total bad debt expense of the organization, which calculates the bad debt expense at cost We believe the method described above understates the true cost of bad debt In many instances, bad debt results from non-payment co-pays and deductibles, which would not be at charges but at a lesser amount The state of Florida requires the patient to provide certain documentation in order to qualify for charity In cases where the patient has not responded to hospital requests or billing statement alerts, those accounts are processed as bad debt, if unpaid

Cost reports were used to report Medicare allowable costs Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities It specifically excludes certain costs that are not directly related to patient care The Hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable This additional expense includes costs of physician services (emergency on-call fees, hospitalist program, recruitment, etc), advertising costs, cafeteria costs for meals sold to visitors, etc The Hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 70% of unpaid amounts The following table reconciles the surplus or shortfall from Line 7 to the actual surplus or shortfall The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs The unpaid coinsurance/deductibles were estimated using historical collection results Line 7 Surplus or (Shortfall) $1,279,282 Additional Non-Allowable Costs and Unpaid/Non-reimbursed Coinsurance/Deductibles ($6,6475,428) Total Surplus or (Shortfall) ($5,196,146)

Patients who are unable to pay are encouraged by BayCare Health System representatives, via personal interviews, signage, patient billing mailers, brochures and/or Customer Service phone calls, to submit financial information to the Medical Assistance Department to determine eligibility for programs, such as County, Medicaid, Disability, Victim's of Crime, Charity, etc For those patients who provide all the necessary documentation and qualify for charity according to the charity care policy, (defined in Part I, line 3c), patients' account would be written off completely to charity and not billed to the patients

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

ST JOSEPH'S HOSPITAL is committed to meeting the needs of the community it serves Our quality philosophy is modeled around understanding our customers' needs in the communities it serves ST JOSEPH'S HOSPITAL develops community health status assessments by accessing existing third party databases profiling health status information for geographies it serves The assessments provide a profile of health status indicators in comparison to state averages and, if available, national benchmarks In addition, ST JOSEPH'S HOSPITAL conducts physician community need studies that outline physician deficits by specialty for the geographic area served Studies are also conducted to identify gaps in geographic access to services such as primary care, outpatient services and inpatient services All of the above processes occur on an ongoing basis to assist ST JOSEPH'S HOSPITAL in developing initiatives and programs/services to address identified health care need in the communities it serves need in 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

ST JOSEPH'S HOSPITAL Medical Assistance team members are dedicated to assisting patients in obtaining assistance through federal, state and local government programs or through the ST JOSEPH'S HOSPITAL charity care policy Signage and brochures are available, as well as team members whose full responsibility is to assist patients in the emergency room and on inpatient units The Medical Assistance team interviews patients for all available programs, assists the patients in completing applications to government agencies and for hospital charity care, advises patients regarding available community resources for health care, reviews and approves patient requests for charity care, and provides education and support to the patient throughout the assistance process In addition to the aforementioned comprehensive process, ST JOSEPH'S HOSPITAL also informs and educates patients who may be billed for patient care, but may be eligible for charity or other programs, via patient billing mailers and customer service representative calls The goal in using these various means is to effectively communicate with the entire patient population so they are informed and educated about their eligibility for assistance

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

St Joseph's Hospital is in a suburban setting serving all of Hillsborough and Pasco counties and parts of several surrounding counties The average income is lower than both the state and national averages The population served is predominantly Caucasian, under age 65 and high-school or higher educated Hispanics are the second largest ethnic group representing 17% of the population 20% of the population is uninsured, 12% of individuals are below poverty rate and 16% are Medicaid eligible The population served by St Joseph's Hospital is expected to grow over 11% in the next 5 years This is twice the expected growth rate for the United States The fastest growing population segments are Age 0-14 and Age 55+ The community experiences higher incidence rates compared to the state of Florida in the following areas cervical cancer, colorectal cancer, lung cancer, post-neonatal death, adult smokers, HIV cases, AIDs cases, HIV/AIDS deaths, asthma hospitalization, sexually transmitted diseases, domestic violence, linguistically isolated population, stroke hospitalization and hypertension St Joseph's Hospital is part of BayCare Health System that serves west central Florida The area served by St Joseph's Hospital has 20 hospitals with an even split of For-Profit and Not-For-Profit There are 9 federally designated medically underserved areas in St Joseph's Hospital's service area With the service area expanding and the over 65 population expected to grow 21% in the next five years, the health care needs of our service area are expanding and changing Based on Florida inpatient discharge data for the period of 10/01/08-09/30/09, the payor mix for the geographic area consisted of 46 7% MEDICARE/MEDICARE HMO, 23 0% HMO/PPO, 15 9% MEDICAID/MEDICAID HMO, 5 8% SELF-PAY/UNDERINSURED, AND 8 6% OTHER St Joseph's Children's Hospital, a hospital within a hospital at St Joseph's, treats patients from 38 counties in Florida 90% of St Joseph's Children's inpatients come from Hillsborough, Pasco, Pinellas and Polk counties The other 10% comes from 34 other Florida counties and out of state

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)

St Joseph's Hospital was founded in 1934 as a mission of the Franciscan Sisters of Allegany, who traveled from New York during the Great Depression to bring much-needed medical assistance to the people of Tampa By 1967, the hospital outgrew its original three-story facility and moved to its current location Since that time, services and facilities have grown dramatically to include a children's hospital, a women's hospital, new patient care buildings and heart and cancer institutes While much has changed over the years, SJH's commitment to improve the health of its community through accessible, compassionate and family-focused health care services remains In 2009, hundreds of team members celebrated the hospital's 75th anniversary by publicly re-committing themselves to living shared values of trust, dignity, respect, responsibility and excellence Hospital workers celebrated this milestone not only with parties, but with activities that allowed them to give back to the community with support beyond healthcare For example, the anniversary event planning team set a goal to collect 75 boxes of comfort items to send to troops stationed overseas In the end, more than 300 boxes of supplies were donated by the generous people who work throughout the hospital Likewise, a holiday gift drive benefited families of dozens of patients who were hospitalized during the 12 previous months First, caseworkers identified families who were facing difficult times even before they encountered a personal health crisis Then hospital departments adopted families and provided personalized gifts and food to make the families holiday season a joyous one This truly compassionate team celebrated 75 years of service to the community by doing what it does best - giving even more In fact, St Joseph's Hospital serves as the safety net for the community it serves Not just by providing emergency services for any one at any time, but by helping people like no one else can - or will The hospital has served as a safe place for frightened mothers to leave their newborns behind, researched every option for financial and social services for those in need and provided transportation for patients who have no other means to get home - whether home is down the road or across an ocean Caring team members have worked tirelessly to help patients transition from the hospital setting to the next level of care, often despite patients' special needs and lack of financial resources Others have donated their time and talent to provide life-saving heart surgery for "Gift of Life" patients from around the world, brought comfort items to patients with specific cultural needs and worked tirelessly to extend the Franciscan tradition of hospitality to all Community Outreach & Partnerships Through education and a focus on prevention and early detection, SJH is building a healthier community while reducing suffering and total health care costs Through community health improvement programs, which include health screenings, physician lectures, support groups, health fairs and mobile clinics, the hospital reached more than 130,000 people in 2009 More than $5 9 million was spent to support the goal to fostering and implementing community relationships and partnerships to improve the health status of the community By collaborating with community partners and sharing resources, SJH is able to find less expensive ways to make an even greater health impact in the Tampa Bay area Some examples of our participation in community partnerships include The Judeo-Christian Clinic is the largest free clinic in the Southeast, with approximately 18,000 patient visits yearly It provides free medical care to uninsured working people, including medications, diagnostic tests, specialist referrals and hospitalizations The services are free through contributions made by physicians, nurses and other health care professionals, as well as corporations, foundations, civic groups and churches In 2009, SJH contributed more than $1 7 million in diagnostic testing and provided inpatient and outpatient services to 2,242 patients in the clinic St Joseph's Cancer Institute partners with the American Cancer Society to provide and facilitate events such as the Cattle Barons' Ball (an event to raise money to fight cancer and provide services to cancer patients and their families), "Reach to Recovery" Fashion Show and Luncheon to raise money to fight breast cancer, and various support group meetings In addition, the hospital hosts free cancer support groups and lectures on topics such as colon cancer, ovarian and gynecologic cancer, breast cancer, prostate cancer and more Meanwhile, St Joseph's Cancer HelpLine serves as a free, confidential resource for information about the disease as well as referrals to physicians, community programs and hospital services St Joseph's Heart Institute partners with the American Heart Association to educate the community about heart disease and stroke SJH was a major sponsor in the 2009 Heart Walk, both in raising funds and providing screening services In addition, the hospital offers free heart screenings to families of cardiac patients because it recognizes the strong role heredity can plan in heart disease Throughout the year, the hospital offers free lectures and events to educate the community about the importance of keeping a healthy heart Healthy Families Hillsborough is a community-based, voluntary home visiting program designed to enable children to grow up healthy, safe and nurtured The program is designed to enhance family strengths through education and support Specifically, the program's six broad goals for enrolled families are to reduce the incidence of child abuse and neglect, to enhance parents' ability to create stable and nurturing home environments, to promote child health and development, to help develop positive parent-child interaction, to help ensure that families' social and medical needs are met, and to ensure families are satisfied with program services St Joseph's Children's Hospital provides an assessment component that is essential to the recruitment and service provision for families that qualify for Healthy Family Services In 2009, the hospital's family assessment workers conducted 6,260 Healthy Start screens, made 5,243 initial contacts, gave 533 Healthy Family assessments and provided 3,168 resources and referrals For Back to School Health Fairs, St Joseph's Hospital teams up with the Hillsborough County School System, the Hillsborough County Immunization Task Force and the Hillsborough County Health Department to provide required screenings and easier access to immunizations for underserved families and children In 2009, 2,986 students participated in vision, height, weight and scoliosis screenings, 121 children received physicals and 143 received immunizations St Joseph's Faith Community Nursing program was established to provide health and wellness information to members of local congregations of all denominations The goal is to assist congregations in developing health ministries that compassionately and effectively address the emotional, physical and spiritual needs of individuals within the congregation and the people they reach out to in their communities The hospital provides the infrastructure for the Faith Community Nurse Program and assists the faith community by providing recruitment, training, continuing nurse education and health screenings In 2009, this program included 32 nurses working in partnerships with 22 congregations Through home and hospital visits, parish nurse office visits or other encounters at the church, educational programs, health fairs and other forms of correspondence, Faith Community Nurses touched the lives of nearly 23,500 people St Joseph's Community Health team develops community partnerships with area agencies, creating collaborative efforts that bring health services directly into area neighborhoods As a result, Community Health participated in more than 50 events and programs in 2009 and was able to promote better health to more than 1,000 people Health education included CPR and First Aid, Smoking Cessation and Healthy Eating programs In addition, Community Health identifies general and disease-specific risk factors to be able to provide appropriate education, one-on-one counseling, follow-up nurse support and referrals More than half of the team's events are outreach activities offered outside the hospital Some services are provided on the "Wellness On Wheels" mobile bus The 40-foot mobile health unit is equipped to provide health screenings, immunizations, physical exams and education Health screenings offered at little or no cost to the community include blood pressure, cholesterol, body composition, diabetes/glucose, health risk appraisal, osteoporosis, school physicals, skin cancer The team also provides flu and pneumonia shots for the community St Jos

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

ST JOSEPH'S HOSPITAL is part of BayCare Health System, a leading community-based health care system in the Tampa Bay area with 10 not-for-profit hospitals, 20 ambulatory/outpatient facilities, 195 access sites, 200 PHYSICIANS and 18,400 employees Together, BayCare organizations provide a lifetime of expert medical care by connecting patients to a complete range of services, such as primary care, imaging, lab, behavioral health and home health care BayCare's hospitals are Mease Countryside, Mease Dunedin, Morton Plant, Morton Plant North Bay, St Anthony's, South Florida Baptist, and St Joseph's Hospitals St Joseph's Hospitals operate as one entity and file one Form 990, however it includes several distinct hospitals St Joseph's, St Joseph's Children's, St Joseph's Women's and St Joseph's Hospital-North BayCare was founded in 1997 when several of the area's not-for-profit hospitals came together united by a common Mission to improve the health of their communities through high-quality, community-based health care With BayCare, these hospitals created a unique model for a successful organization The system provides organizational and financial strength, which enables each hospital to stay focused on their shared Mission of serving the health care needs of the entire community, regardless of their ability to pay Each BayCare hospital provides charity care and unbilled community benefit services too This is an essential expression of BayCare's shared Mission In 2009, BayCare provided $157 million in community benefits, which includes $65 million in traditional charity care, $12 million in unbilled community services and $80 million in unreimbursed costs of Medicaid and county welfare programs BayCare's comprehensive network provides patients with increased access to services, such as emergency care, inpatient, outpatient and home health For example, BayCare HomeCare helps patients leave the hospital sooner and recover at home where they are more comfortable In 2009, HomeCare provided approximately 590,000 home health visits to more than 50,000 patients through 11 offices located throughout Florida Recognizing the need for mental health services, BayCare is the largest, not-for-profit provider of behavioral health services in west central Florida BayCare Behavioral Health offers inpatient, outpatient, in-home, residential treatment, support group and case management services BayCare's designated Baker Act-receiving facilities in Hillsborough, Pinellas and Pasco counties provide inpatient crisis stabilization and partial hospitalization programs as part of the continuum of mental health care BayCare also is the only organization in the Tampa Bay area that operates dedicated psychiatric emergency rooms at each of its hospital-based, Baker Act facilities In 2009, BayCare's Morton Plant Hospital became the first facility in the region to offer voluntary inpatient dual-diagnosis (co-occurring mental health and substance abuse) treatment linked to residential and aftercare services As one of the largest employers in the Tampa Bay area, BayCare also provides its hospitals with additional benefits, such as the creation of 500 new positions in 2009 and the ability to afford more capital projects through greater organizational efficiencies In addition, each facility can gain knowledge from best practices shared by other BayCare hospitals through a system-wide Quality program that helps drive higher performance to improve patient care, processes and technology In 2009, every BayCare hospital participated in the Fourth Annual Quality Sharing Day, an event designed to help employees share and learn best practices that were implemented elsewhere in the health system BayCare hospitals also benefit from faster technological advancements like the system-wide introduction of an electronic medical record (EMR) and a biometric patient identity program that uses cutting-edge, palm scanning technology Both of these projects provide more comprehensive access to patient records with the goal of improving patient safety BayCare has registered more than 360,000 patients through its biometric, palm-scanning registration and added more than 2 million patient records to its EMR repository Because of these two systems, a patient's medical record is now available at any BayCare hospital or facility With the scan of a palm, BayCare's facilities will be able access the patient's data and avoid duplicate information requests at different times in the care process An EMR also provides real-time communication and care-team coordination that can lead to a more complete picture of the patient's needs and better outcomes As part of the organization's commitment to the community, BayCare partners with Hillsborough Community College, University of Tampa, University of South Florida, Erwin Technical Center and St Petersburg College to help educate future nurses and health care professions In addition, BayCare is an organizational sponsor for the United Way of Tampa Bay's Hands on Tampa Bay The program provides volunteer support in a variety of service areas such as homelessness and hunger, education and literacy, children, youth, and family, seniors, animals and environment, and persons with disabilities BayCare also supports organizations that work to foster economic development in the Tampa Bay area These organizations include the Tampa Bay Partnership and the Pasco Economic Development Council Part VI, Line 8 A community benefit report is not required to be filed

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 Joseph's Hospital Inc

Employer identification number
59-0774199

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
Ronald McDonald House of Tampa Bay28 Columbia Drive Tampa, FL 33606	591835985	501(c)(3)	20,000				2009 Storybook Ball Sponsorship
American Cancer Society 2006 W Kenndy Blvd Tampa, FL 33606	590657320	501(c)(3)	5,500				Cattle Baron's Ball Sponsorship
American Heart Association 1101 Northchase Parkway Suite 1 Marietta, GA 30067	135613797	501(c)(3)	10,000				2009 Heart Walk Sponsorship
University of South Florida 4202 E Fowler Ave Tampa, FL 33620	590879015	501(c)(3)	10,000				USF Psych Intership Sponsorship
St Joseph's Hospital Auxiliary3003 DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607	592131207	501(c)(3)	75,000				CONTRIBUTION TO OPEN GIFT SHOP

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 5

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
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	The organization is committed to assisting non-profit organizations whose focus is to improve the health and wellness of the communities we serve Each cash donation request is reviewed by the senior management team to determine whether the organization is one we want to donate to, based on the organization's mission, non-profit status and usage of funds Once approved, we require proper documentation from the organization of their non-profit status and follow-up to ensure the activity has occurred

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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 Joseph's Hospital Inc

Employer identification number
59-0774199

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**	Yes	
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				
Lee Kirkman	(i)	0	0	0	0	0	0	0
	(ii)	400,511	68,735	3,564	20,200	21,158	514,168	0
Isaac Mallah	(i)	0	0	0	0	0	0	0
	(ii)	691,627	282,377	52,186	20,200	11,988	1,058,378	0
Cathy Yoder	(i)	0	0	0	0	0	0	0
	(ii)	230,873	69,002	7,940	48,438	4,362	360,615	0
Mary Robinson	(i)	137,676	17,929	3,328	12,284	6,923	178,140	0
	(ii)	0	0	0	0	0	0	0
Lorraine Lutton	(i)	0	0	0	0	0	0	0
	(ii)	291,698	84,526	72,835	21,550	12,181	482,790	0
Michael Magee	(i)	188,888	23,157	1,369	18,511	10,768	242,693	0
	(ii)	0	0	0	0	0	0	0
Victor Hruszczyk	(i)	0	0	0	0	0	0	0
	(ii)	200,513	58,270	54,543	14,986	11,533	339,845	0
Michael Hance	(i)	141,736	17,645	11,034	13,549	3,440	187,404	0
	(ii)	0	0	0	0	0	0	0
Kimberly Guy	(i)	0	0	0	0	0	0	0
	(ii)	204,249	64,383	6,743	50,412	10,061	335,848	0
Patricia Donnelly	(i)	0	0	0	0	0	0	0
	(ii)	202,050	59,960	17,265	48,573	7,910	335,758	0
Denton Crockett Jr	(i)	0	0	0	0	0	0	0
	(ii)	391,543	122,129	82,522	14,527	9,454	620,175	0
Giacomo Guggino	(i)	173,028	0	0	3,814	0	176,842	0
	(ii)	0	0	0	0	0	0	0
Katherine Kleinhans-Chin	(i)	174,171	665	0	3,497	0	178,333	0
	(ii)	0	0	0	0	0	0	0
John Vidmar	(i)	150,425	16,608	8,075	14,826	10,597	200,531	0
	(ii)	0	0	0	0	0	0	0
Richard Armstrong Jr	(i)	156,772	17,739	3,044	6,099	10,647	194,301	0
	(ii)	0	0	0	0	0	0	0
Ira Kurland	(i)	180,908	665	6,788	15,148	6,109	209,618	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 Compensation Information	Part I, Line 4b	Isaac Mallah - Participated in a supplemental nonqualified deferred compensation plan He had $0 in benefits vest in 2009 Cathy Yoder - Participated in a supplemental nonqualified deferred compensation plan She had $0 in benefits vest in 2009 She had $36,630 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Lorraine Lutton - Participated in a supplemental nonqualified deferred compensation plan She had $51,664 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation She had an additional $1,350 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of $18,832 in 2009 Victor Hruszczyk - Participated in a supplemental nonqualified deferred compensation plan He had $35,853 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation He had an additional $3,938 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of $13,068 in 2009 Kimberly Guy - Participated in a supplemental nonqualified deferred compensation plan She had $0 in benefits vest in 2009 She had $39,155 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Patricia Donnelly - Participated in a supplemental nonqualified deferred compensation plan She had $0 in benefits vest in 2009 She had $37,516 of nonvested benefits accrue during 2009 This amount is included in Part II Column C Denton Crockett, Jr - Participated in a supplemental nonqualified deferred compensation plan He had $66,511 in benefits vest in 2009 This amount is included in Part II (B)(iii) other compensation He had an additional $2,277 of nonvested benefits accrue during 2009 This amount is included in Part II Column C The plan made a cash distribution of $24,243 in 2009
Supplemental Compensation Information	Part I, line 7	80 percent of the incentive compensation for which an individual is eligible would be considered fixed based on the instructions 20 percent would be considered non-fixed and is based on the discretion of the employee's immediate supervisor

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0774199
Name: St Joseph's Hospital Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Lee Kirkman	(I)	0	0	0	0	0	0	0
	(II)	400,511	68,735	3,564	20,200	21,158	514,168	0
Isaac Mallah	(I)	0	0	0	0	0	0	0
	(II)	691,627	282,377	52,186	20,200	11,988	1,058,378	0
Cathy Yoder	(I)	0	0	0	0	0	0	0
	(II)	230,873	69,002	7,940	48,438	4,362	360,615	0
Mary Robinson	(I)	137,676	17,929	3,328	12,284	6,923	178,140	0
	(II)	0	0	0	0	0	0	0
Lorraine Lutton	(I)	0	0	0	0	0	0	0
	(II)	291,698	84,526	72,835	21,550	12,181	482,790	0
Michael Magee	(I)	188,888	23,157	1,369	18,511	10,768	242,693	0
	(II)	0	0	0	0	0	0	0
Victor Hruszczyk	(I)	0	0	0	0	0	0	0
	(II)	200,513	58,270	54,543	14,986	11,533	339,845	0
Michael Hance	(I)	141,736	17,645	11,034	13,549	3,440	187,404	0
	(II)	0	0	0	0	0	0	0
Kimberly Guy	(I)	0	0	0	0	0	0	0
	(II)	204,249	64,383	6,743	50,412	10,061	335,848	0
Patricia Donnelly	(I)	0	0	0	0	0	0	0
	(II)	202,050	59,960	17,265	48,573	7,910	335,758	0
Denton Crockett Jr	(I)	0	0	0	0	0	0	0
	(II)	391,543	122,129	82,522	14,527	9,454	620,175	0
Giacomo Guggino	(I)	173,028	0	0	3,814	0	176,842	0
	(II)	0	0	0	0	0	0	0
Katherine Kleinhans-Chin	(I)	174,171	665	0	3,497	0	178,333	0
	(II)	0	0	0	0	0	0	0
John Vidmar	(I)	150,425	16,608	8,075	14,826	10,597	200,531	0
	(II)	0	0	0	0	0	0	0
Richard Armstrong Jr	(I)	156,772	17,739	3,044	6,099	10,647	194,301	0
	(II)	0	0	0	0	0	0	0
Ira Kurland	(I)	180,908	665	6,788	15,148	6,109	209,618	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2009

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Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

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
Total . . . . . ▶ $										

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
HealthPoint Medical Group HPMG	See Schedule O	648,324	Trauma Physician Fees		No
MFP Inc dba Financial Credit Serv	See Schedule O	645,254	Collection Services Fees		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 Joseph's Hospital Inc

Employer identification number
59-0774199

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
Supplemental Information		Form 990, Part VI, Question 2 - Description of Family or Business Relationships Isaac Mallah, Cathy Yoder, Elaine Shimberg and Lee Kirkman are Board members of the Organization, as well as Board members of a taxable entity, which is an affiliate of the filing Organization Form 990, Part VI, Question 6 - Description of Classes of Members or Stockholders Catholic Health East, a Pennsylvania nonprofit corporation is the sole member of St Joseph's Hospital, Inc Form 990, Part VI, Question 7a - Description of Classes of Persons and the Nature of Their Rights The members of the Board of Trustees of the Corporation shall be appointed by the Member Catholic Health East (CHE) Form 990, Part VI, Question 7b - Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights The taxpayer is a Participant, as defined in the Second Restated Joint Operating Agreement dated as of May 23, 2006, as amended (the "JOA") Under the JOA, BayCare health System, Inc is responsible for the operations of the Participants The JOA Participants include the taxpayer and other hospitals and non-hospital organizations Notice of the JOA was previously provided to the Internal Revenue Service by letter dated July 1, 1997 Catholic Health East (CHE) shall reserve to itself in its capacity as the Corporate Member of the Corporation the following two categories of actions Class I Member Reserved Rights and Class II Member Reserved Rights A Class I Member Reserved Rights 1 Addition, deletion or reconfiguration of services of the Corporation 2 Establishment of overall capital and operating budgets and strategic plans applicable to the Corporation, including the use of the funds of the Corporation 3 Exclusive authority to enter into managed care contracts on behalf of the Corporation 4 Approval of contracts on behalf of the Corporation (but the Class I Member may establish policies from time to time providing that only specific types of contracts or contracts involving obligations in excess of specified levels need to be approved by the Class I Member) 5 Authority to establish fees and charges on behalf of the Corporation 6 Determination of whether the Corporation should join any networks or alternative or integrated delivery systems 7 Establishment of employment and other policies applicable to all personnel employed by the Corporation 8 Approval of the philosophy, mission statement and purposes of the Corporation 9 Approval of changes in the Articles of Incorporation or in the Bylaws of the Corporation 10 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization of the Corporation 11 Approval of the incurrence of indebtedness by the Corporation above certain limits established by the Class I Member 12 Approval of the establishment of additional affiliates or subsidiaries of the Corporation 13 Adoption of strategic plans or major changes in programs or services of the Corporation 14 Approval of the purchase, sale, transfer, or other encumbrance of assets of the Corporation above specified levels established by the Class I Member B Class II Member Reserved Rights 1 Approval of the philosophy, mission statement and purposes of the Corporation 2 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization of the Corporation 3 Approval of the closure of a hospital facility of the Corporation 4 Approval of any sale, long term lease, mortgage, encumbrance or disposition of property of the Corporation constituting an 'alienation' under principles of canon law 5 Approval of matters relating to the implementation of and compliance with the Ethical and Religious Directives 6 Change in the name of the hospital facility of the Corporation 7 Approval of substantive changes in the Articles of Incorporation of the Corporation and these Bylaws provided that prior notice of any change in the Articles of Incorporation of the Corporation or these Bylaws shall be provided to CHE and, if such change, as a result of CHE being a Catholic entity, must be approved by CHE, such change, regardless of whether it is substantive as a matter of civil law, shall be subject to the approval of the Member 8 With regard to any assets of the Corporation no longer required in the operations of the Corporation, approval of any sale or other disposition of any assets not in the ordinary course which have a value in excess of $3 million, and with regard to all other assets of the Corporation used in the operations of the Corporation, approval of any sale or other disposition of such assets not in the ordinary course (but the foregoing is not intended to limit any transfer of the location of the assets from the Corporation to another entity in connection with a duly authorized reconfiguration of services) Form 990, Part VI, Question 11 & 11a - Describe the Process used by Management &/or Governing Body to Review 990 The Form 990 is prepared by the organization and reviewed by the CFO, as well as the organization's paid preparer A final copy of the Form 990 was reviewed by a subcommittee of the Board of Directors Prior to filing with the IRS, a final copy of the Form 990 will be made available to the entire Board via a web portal Form 990, Part VI, Question 12c - Description of Process to Monitor Transactions for Conflicts of Interest St Joseph's Hospital, Inc has two separate conflict of interest procedures, one that relates to Board members and another that relates to non-board member employees Both groups are required on an annual basis to complete, sign and file an annual disclosure statement detailing existing or potential conflicts of interests For Board members, the review of conflicts or potential conflicts occurs at the Board or committee level After disclosure of the Board Member's or Committee Member's actual or potential conflict, the following procedures for addressing the conflict of interest will be adhered to by each Board and all Committees with Board delegated powers, without exception 1 The interested Director or Committee member shall leave the Board or Committee meeting while the conflict of interest issue is discussed 2 The remaining Board or Committee Members shall decide if a conflict of interest exists 3 If a conflict of interest is deemed to exist a The Chairperson of the Board or Committee shall, if appropriate, appoint a disinterested individual or committee to investigate the proposed transaction or arrangement b The Board or Committee shall determine whether the BayCare entity can obtain a more advantageous transaction or arrangement with reasonable efforts from an individual or entity that would not give rise to a conflict of interest c If a more advantageous transaction or arrangement is not reasonably available, the Board or Committee shall determine whether the transaction or arrangement is in the BayCare entity's best interest, and whether the transaction is fair and reasonable to BayCare An interested Director or Committee Member shall not vote, participate in, influence or attempt to influence any determination or proceedings The Director or Committee Member may, however, respond to questions posed by the Board or Committee regarding the contract or transaction Any such contract or transaction must be authorized by a vote of at least two-thirds (2/3) of the Directors or Committee Members entitled to vote at a meeting at which a quorum was present Any interested Director or Committee Member may not be counted in determining the existence of a quorum For employees, the review of conflicts of interest or potential conflicts goes to the Conflict of Interest Determination Committee This committee consists of BayCare Chief Compliance Officer, the Corporate Responsibility Officers, and the BayCare Vice President of Team Resources This committee shall determine if an actual conflict exists and any action required to address the conflict of interest situation

Identifier	Return Reference	Explanation
Supplemental Information, 2		Form 990, Part VI, Question 15a & 15b - Process used for Compensation Review and Approval The organization uses an independent compensation committee, appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organization's executive compensation program, review and approve compensation and benefits for all "disqualified persons" subject to the Intermediate Sanctions regulations issued under Section 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Administrative Officer & CFO, other system and entity executives, and other disqualified persons as defined in the Intermediate Sanctions regulations (i e , voting members of the governing body, family members, former officers)), and establish the compensation philosophy for all other executives This committee engages nationally recognized compensation consultants to assist them in review of executive compensation The compensation consultants provide a review of each vice president and above in the system to determine if that employee's compensation is reasonable w hen compared against market standards The data review ed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations The organization keeps contemporaneous minutes of the compensation committees meetings and decisions The review of compensation w as completed in 2009 Form 990, Part VI, Question 19 - How and If the Governing Documents, Conflict of Interest Policy and Financial Statements are Made Available to the Public St Joseph's Hospital, Inc publishes its financial statements w ith the Agency for Health Care Administration Governing documents and policies are not available for public inspection Form 990, Part VII, Section A, Column B - Estimated hours w orked by officers, directors, trustees, key employees, and highest compensated employees at related entities Albert Whitaker - BayCare Health Systems, Inc - 1 Albert Whitaker - South Florida Baptist Hospital, Inc - 1 Albert Whitaker - St Joseph's Health Care Center, Inc - 1 Belinda Wilson - South Florida Baptist Hospital, Inc - 1 Belinda Wilson - St Joseph's Health Care Center, Inc - 1 Brenda Balicki - Franciscan Properties, Inc - 1 Brenda Balicki - South Florida Baptist Hospital, Inc - 1 Brenda Balicki - St Joseph's Health Care Center, Inc - 1 Bruce Rodw ell - BayCare Health Systems, Inc - 1 Bruce Rodw ell - South Florida Baptist Hospital, Inc - 1 Bruce Rodw ell - South Florida Baptist Hospital Foundation, Inc - 1 Bruce Rodw ell - St Joseph's Health Care Center, Inc - 1 Carolyn D McMullen - South Florida Baptist Hospital, Inc - 1 Carolyn D McMullen - St Joseph's Health Care Center, Inc - 1 Cathy Yoder - Franciscan Properties, Inc - 1 Cathy Yoder - John Knox Village of Tampa Bay, Inc - 1 Cathy Yoder - San Damiano Enterprises, Inc - 1 Cathy Yoder - South Florida Baptist Hospital, Inc - 1 Cathy Yoder - St Joseph's Ancillary Services, Inc - 1 Cathy Yoder - St Joseph's Community Care, Inc - 1 Cathy Yoder - St Joseph's Enterprises, Inc - 1 Cathy Yoder - St Joseph's Health Care Center, Inc - 40 Deborah Coakley - St Anthony's Hospital, Inc - 1 Deborah Coakley - South Florida Baptist Hospital, Inc - 1 Deborah Coakley - St Joseph's Health Care Center, Inc - 1 Denton Crockett Jr - BayCare Health Systems, Inc - 23 Denton Crockett Jr - BayCare Home Care, Inc - 22 Denton Crockett Jr - Trustees of Mease Hospital, Inc - 1 Denton Crockett Jr - Morton Plant Hospital Assoc , Inc - 1 Denton Crockett Jr - Morton Plant Mease Health Services, Inc - 1 Denton Crockett Jr - St Anthony's Hospital, Inc - 1 Denton Crockett Jr - St Anthony's Prof Building & Services, Inc - 1 Denton Crockett Jr - South Florida Baptist Hospital, Inc - 1 Denton Crockett Jr - St Joseph's Enterprises, Inc - 1 Elaine Shimberg - South Florida Baptist Hospital, Inc - 1 Elaine Shimberg - St Joseph's Hospital, Inc Foundation - 1 Elaine Shimberg - St Joseph's Health Care Center, Inc - 1 George K James, MD - South Florida Baptist Hospital, Inc - 1 George K James, MD - St Joseph's Health Care Center, Inc - 1 Isaac Mallah - Franciscan Properties, Inc - 1 Isaac Mallah - John Knox Village of Tampa Bay, Inc - 1 Isaac Mallah - San Damiano Enterprises, Inc - 1 Isaac Mallah - South Florida Baptist Hospital, Inc - 1 Isaac Mallah - St Joseph's Ancillary Services, Inc - 1 Isaac Mallah - St Joseph's Community Care, Inc - 1 Isaac Mallah - St Joseph's Enterprises, Inc - 1 Isaac Mallah - St Joseph's Hospital, Inc Foundation - 1 Isaac Mallah - St Joseph's Health Care Center, Inc - 40 John P Borreca - BayCare Health Systems, Inc - 1 John P Borreca - South Florida Baptist Hospital, Inc - 1 John P Borreca - St Joseph's Health Care Center, Inc - 1 John Vidmar - Franciscan Properties, Inc - 1 Kimberly Guy - Franciscan Properties, Inc - 1 Lee Kirkman - South Florida Baptist Hospital, Inc - 1 Lee Kirkman - St Joseph's Health Care Center, Inc - 1 Liana O'Drobinak - South Florida Baptist Hospital, Inc - 1 Liana O'Drobinak - St Joseph's Health Care Center, Inc - 1 Lorraine Lutton - Franciscan Properties, Inc - 1 Lorraine Lutton - San Damiano Enterprises, Inc - 1 Lorraine Lutton - St Joseph's Ancillary Services, Inc - 1 Lorraine Lutton - St Joseph's Community Care, Inc - 1 Lorraine Lutton - St Joseph's Enterprises, Inc - 1 Lorraine Lutton - St Joseph's Health Care Center, Inc - 1 Michael Hance - South Florida Baptist Hospital, Inc - 1 Michael W Booher - South Florida Baptist Hospital, Inc - 1 Michael W Booher - St Joseph's Health Care Center, Inc - 1 Nora Musselman - BayCare Health Systems, Inc - 1 Nora Musselman - South Florida Baptist Hospital, Inc - 1 Nora Musselman - St Joseph's Hospital, Inc Foundation - 1 Nora Musselman - St Joseph's Health Care Center, Inc - 1 Patricia Donnelly - John Knox Village of Tampa Bay, Inc - 1 Patricia Donnelly - St Joseph's Ancillary Services, Inc - 1 Patricia Donnelly - St Joseph's Health Care Center, Inc - 45 S David Stamps, PHD - South Florida Baptist Hospital, Inc - 1 S David Stamps, PHD - St Joseph's Health Care Center, Inc - 1 Stephen R Buckley - South Florida Baptist Hospital, Inc - 1 Stephen R Buckley - St Joseph's Health Care Center, Inc - 1 Stephen R Buckley - St Joseph's Hospital, Inc Foundation - 1 Steve Smith, MD - South Florida Baptist Hospital, Inc - 1 Steve Smith, MD - St Joseph's Health Care Center, Inc - 1 Victor Hruszczyk - Trustees of Mease Hospital, Inc - 1 Victor Hruszczyk - Morton Plant Hospital Assoc , Inc - 1 Victor Hruszczyk - St Anthony's Hospital, Inc - 1 Victor Hruszczyk - South Florida Baptist Hospital, Inc - 1 Walw in Metzger, MD - South Florida Baptist Hospital, Inc - 1 Walw in Metzger, MD - St Joseph's Health Care Center, Inc - 1 William Meurer - South Florida Baptist Hospital, Inc - 1 William Meurer - St Joseph's Health Care Center, Inc - 1 William West - St Joseph's Hospital, Inc Foundation - 1 William West - BayCare Health Systems, Inc - 1 William West - South Florida Baptist Hospital, Inc - 1 William West - St Joseph's Health Care Center, Inc - 1 Form 990, Schedule L, Part IV, Column B - Relationship betw een interested person and the organization Lee Kirkman, Isaac Mallah, Elaine Shimberg and Cathy Yoder are officers and/or directors of the filing organization as w ell as as board members of HealthPoint Medical Group Isaac Mallah is a trustee of the filing organization as w ell as a board member of MFP, Inc

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320014080

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

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

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

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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
Healthpoint Management Services Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL33634 65-0645457	Billing and mgmt	FL		C corp			
Healthpoint Medical Group Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL33634 59-3244268	Phys medical grp	FL		C corp			
St Joseph's Physicians-Healthcenter Org 3001 W Dr Martin Luther King Jr Blv Tampa, FL33607 59-2820509	Holding company	FL		C corp			
St Joseph's Preferred Inc 3001 W Dr Martin Luther King Jr Blv Tampa, FL33607 59-3055643	Provider network	FL		C corp			

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		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f	Yes	
g	Purchase of assets from other organization(s)	1g	Yes	
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		No
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	1o		No
p	Reimbursement paid by other organization for expenses	1p		No
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)			
(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: 59-0774199
Name: St Joseph's Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
BayCare Health System Inc 16255 Bay Vista Drive Clearwater, FL33760 59-2796965	Support srvcs	FL	501(c)(3)	11A	
St Joseph's Community Care Inc 3001 W Dr Martin Luther King Jr Tampa, FL33607 59-3152608	Medical asst	FL	501(c)(3)	11B	
St Joseph's Enterprises Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2822516	Health invest	FL	501(c)(3)	11B	
South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL33563 59-0594631	Medical srvcs	FL	501(c)(3)	3	
St Joseph's Health Care Center Inc 3001 W Dr Martin Luther King Jr B Tampa, FL33607 59-2593686	Support srvcs	FL	501(c)(3)	11B	
Franciscan Properties Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2822519	Supports SJH	FL	501(c)(3)	11B	
San Damiano Enterprises Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2822514	Health invest	FL	501(c)(3)	11B	
St Joseph's Hospital Auxiliary Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2131207	Supports SJH	FL	501(c)(3)	11C	
St Joseph's Hospital of Tampa Found Inc 3003 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-1100828	Fundraising	FL	501(c)(3)	11C	
John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL33613 58-1377711	Retire cmmty	FL	501(c)(3)	9	
St Joseph's Ancillary Services Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2795925	Health promo	FL	501(c)(3)	11B	

Additional Data

Software ID:
Software Version:
EIN: 59-0774199
Name: St Joseph's Hospital Inc

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

(A) Name and Title	(B) Average hours per week	(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			
John P Borreca Trustee	1 0	X						0	0	0
Michael W Booher Trustee	1 0	X						0	0	0
Stephen R Buckley Chairman	1 0	X						0	0	0
Deborah Coakley Trustee, Secretary/Treasurer	1 0	X		X				0	0	0
George K James MD Trustee	1 0	X						0	0	0
Carolyn D McMullen Trustee	1 0	X						0	0	0
Walwin Metzger MD Trustee	1 0	X						0	0	0
William Meurer Trustee	1 0	X						0	0	0
Nora Musselman Trustee	1 0	X						0	0	0
Liana O'Drobinak Trustee	1 0	X						0	0	0
Bruce Rodwell Vice-Chairman	1 0	X						0	0	0
Elaine Shimberg Trustee	1 0	X						0	0	0
Steve Smith MD Trustee	1 0	X						0	0	0
S David Stamps PHD Trustee	1 0	X						0	0	0
William West Trustee	1 0	X						0	0	0
Albert Whitaker Trustee	1 0	X						0	0	0
Belinda Wilson Trustee	1 0	X						0	0	0
Lee Kirkman Trustee	1 0	X						0	472,810	41,358
Isaac Mallah Trustee, President	1 0	X		X				0	1,026,190	32,188
Brenda Balicki Assistant Secretary	40 0			X				56,107	0	7,132
Cathy Yoder CFO - SJB	1 0			X				0	307,815	52,800
Mary Robinson Dir Surgical Services - SJH	45 0				X			158,933	0	19,207
Lorraine Lutton COO St Josephs Hospital	45 0				X			0	449,059	33,731
Michael Magee Director Pharmaceutical Srvcs	45 0				X			213,414	0	29,279
Victor Hruszczyk VP Laboratory	1 0				X			0	313,326	26,519

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			
Michael Hance Director Radiology	40 0				X			170,415	0	16,989
Kimberly Guy COO Women's Hospital	45 0				X			0	275,375	60,473
Patricia Donnelly VP Patient Care Services - SJB	1 0				X			0	279,275	56,483
Denton Crockett Jr Sr VP Ambulatory Services	1 0				X			0	596,194	23,981
Giacomo Guggino Med Dir, Opthamology Svcs	45 0					X		173,028	0	3,814
Katherine Kleinhans-Chin Prime Pool CN	45 0					X		174,836	0	3,497
John Vidmar Director Food & Nutrition Srvc	45 0					X		175,108	0	25,423
Richard Armstrong Jr Dir Facilities & Construction	45 0					X		177,555	0	16,746
Ira Kurland Auto Patient Med Sys Coor	45 0					X		188,361	0	21,257

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
CORPORATE ALLOCATION	76,355,374		76,355,374	
BAD DEBT EXPENSE	48,816,486	48,816,486		
DIETARY	6,857,690	6,738,821	118,869	
ASSESSMENTS	8,647,293	8,647,293		
MISCELLANEOUS	14,569,298	13,275,596	1,293,702	