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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009		C Name of organization St Joseph's Health Care Center Inc		D Employer identification number 59-2593686	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.		E Telephone number (813) 870-4942	
		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 Jr		G Gross receipts \$ 2,933,123,472	
		City or town, state or country, and ZIP + 4 Tampa, FL 33607			
		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
				H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ www.sjbhealth.org					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1983		M State of legal domicile FL	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities St. Joseph's Health Care Center 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 19	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 20	Current Year 0
	9	Program service revenue (Part VIII, line 2g)	24,212,511	25,860,086
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,066,903	-16,196,972
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		110,641
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,279,434	9,773,755
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,000
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)	12,635,419	12,181,236
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	16,544,632	15,585,197
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,190,051	27,766,433
19		Revenue less expenses Subtract line 18 from line 12	5,089,383	-17,992,678
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	484,424,132	582,788,828
	21	Total liabilities (Part X, line 26)	528,525,261	477,854,820
	22	Net assets or fund balances Subtract line 21 from line 20	-44,101,129	104,934,008

Part II		Signature Block			
Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>		<div> <div>2010-11-10</div> <div>Date</div> </div>		
	<div> <div></div> <div>Cathy Yoder CFO</div> <div>Type or print name and title</div> </div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>ERNST & YOUNG US LLP</div> <div>55 IVAN ALLEN BOULEVARD SUITE 1000</div> <div>ATLANTA, GA 30308</div> </div> </div>		<div> <div>EIN</div> <div></div> </div>		
				<div> <div>Phone no</div> <div>(404) 874-8300</div> </div>	

1 Briefly describe the organization's mission

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 \$ 15,209,808 including grants of \$ 0) (Revenue \$ 25,970,727)
	Management of long range health objectives and coordination of shared services and borrowings for St Joseph's Hospital, Inc and related entities













[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 15,209,808
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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	No
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, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	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
14b	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	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, 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	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a30		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a194		
	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> 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	
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	No
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	17	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Cathy Yoder 3003 W Dr Martin Luther King Jr Bl Tampa, FL 33607 (813) 870-4235

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	3,336,859	4,639,255	446,167
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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▶16

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
PARKER HUDSON RAINER DOBBS 285 PEACHTREE CTR AVE NE ATLANTA, GA 30303	LEGAL	147,934
PYPER PAUL KENNEY INC 1102 N FLORIDA AVE 2ND TAMPA, FL 33603	ADVERTISING	402,733
RUDEN MCCLOSKEY PO BOX 1900 FT LAUDERDALE, FL 33302	LEGAL	422,679

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 ▶3

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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			0			
Program Service Revenue			Business Code					
	2a	MANAGEMENT FEES	561,000	25,860,086	25,860,086			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			25,860,086			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			15,529,063		15,529,063	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		2,891,623,682						
		2,923,349,717						
		-31,726,035						
	d	Net gain or (loss)			-31,726,035		-31,726,035	
	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	MISCELLANEOUS		561,000	110,641	110,641			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			110,641				
12	Total revenue. See Instructions			9,773,755	25,970,727		-16,196,972	

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	0	0		
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	1,418,993		1,418,993	
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	8,089,492	6,616,383	1,473,109	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	911,506	745,519	165,987	
9	Other employee benefits	1,298,625	1,062,143	236,482	
10	Payroll taxes	462,620	388,228	74,392	
11	Fees for services (non-employees)				
a	Management	0	0		
b	Legal	554,497		554,497	
c	Accounting	1,649		1,649	
d	Lobbying	0	0		
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	1,798,329		1,798,329	
g	Other	247,479	-64,442	311,921	
12	Advertising and promotion	3,516,731	3,516,731		
13	Office expenses	381,577	55,543	326,034	
14	Information technology	1,116,106	1,116,106		
15	Royalties	0	0		
16	Occupancy	234,765	117,117	117,648	
17	Travel	101,307	59	101,248	
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	0	0		
21	Payments to affiliates	0	0		
22	Depreciation, depletion, and amortization	1,514,121	1,513,121	1,000	
23	Insurance	22,252	0	22,252	
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	5,953,084		5,953,084	
b	MISCELLANEOUS	143,300	143,300		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	27,766,433	15,209,808	12,556,625	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			14,009,227	1	9,054,788
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				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				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			411,305	9	346,333
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	33,682,307			
	b	Less accumulated depreciation	10b	26,997,252	6,691,835	10c	6,685,055
	11	Investments—publicly traded securities			287,763,688	11	345,436,066
	12	Investments—other securities See Part IV, line 11			175,508,077	12	221,010,003
	13	Investments—program-related See Part IV, line 11			40,000	13	256,583
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			484,424,132	16	582,788,828	
Liabilities	17	Accounts payable and accrued expenses			3,046,056	17	3,117,940
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			525,479,205	25	474,736,880
	26	Total liabilities. Add lines 17 through 25			528,525,261	26	477,854,820
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-44,101,129	27	104,934,008
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			-44,101,129	33	104,934,008
	34	Total liabilities and net assets/fund balances			484,424,132	34	582,788,828

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization St Joseph's Health Care Center Inc		Employer identification number 59-2593686
--	--	--

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	<input type="checkbox"/>	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input checked="" type="checkbox"/>	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 <input type="checkbox"/> Type I b <input checked="" type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input checked="" type="checkbox"/>	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 <input type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h		Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
ST JOSEPH'S HOSPITAL INC	590774199	03	Yes						15,209,808
Total									15,209,808

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

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 Health Care Center Inc

Employer identification number
59-2593686

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,585,963		6,585,963
b Buildings				
c Leasehold improvements				
d Equipment		27,066,344	26,997,252	69,092
e Other		30,000		30,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,685,055

Schedule D (Form 990) 2009

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	9,773,755
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,766,433
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-17,992,678
4	Net unrealized gains (losses) on investments	4	119,594,664
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,494,743
9	Total adjustments (net) Add lines 4 - 8	9	121,089,407
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	103,096,729

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	103,204,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	119,594,664
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,494,743
e	Add lines 2a through 2d	2e	121,089,407
3	Subtract line 2e from line 1	3	-17,884,657
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	27,658,412
c	Add lines 4a and 4b	4c	27,658,412
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,773,755

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	108,021
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	108,021
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	27,658,412
c	Add lines 4a and 4b	4c	27,658,412
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	27,766,433

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 \$1,494,743
Part XII, Line 2d		Change in Interest in Foundation \$1,494,743
Part XII, Line 4b		Revenues netted with Expenses \$27,658,412
Part XIII, Line 4b		Expenses netted with Revenues \$27,658,412

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number
59-2593686

1	For grantmakers. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States		
3	Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2009

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

59-2593686

Part I Questions Regarding Compensation

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 50053T **Schedule J (Form 990) 2009**

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)	691,627	282,377	52,186	20,200	11,988	1,058,378	0
	(ii)	0	0	0	0	0	0	0
Cathy Yoder	(i)	230,873	69,002	7,940	48,438	4,362	360,615	0
	(ii)	0	0	0	0	0	0	0
Stewart Schaffer	(i)	0	0	0	0	0	0	0
	(ii)	232,151	0	9,388	5,856	4,740	252,135	0
Stephen Mason	(i)	0	0	0	0	0	0	0
	(ii)	924,854	410,673	1,275,750	12,152	23,131	2,646,560	296,668
Tommy Inzina	(i)	0	0	0	0	0	0	0
	(ii)	506,339	250,000	501,183	20,200	9,538	1,287,260	15,257
Michael Aubin	(i)	272,953	75,916	85,879	20,200	12,111	467,059	16,153
	(ii)	0	0	0	0	0	0	0
Lorraine Lutton	(i)	291,698	84,526	72,835	21,550	12,181	482,790	0
	(ii)	0	0	0	0	0	0	0
Mark Vaaler	(i)	379,297	113,293	71,195	39,813	12,961	616,559	0
	(ii)	0	0	0	0	0	0	0
Paula McGuiness	(i)	194,387	60,503	21,097	56,911	4,862	337,760	0
	(ii)	0	0	0	0	0	0	0
Patricia Donnelly	(i)	202,050	59,960	17,265	48,573	7,910	335,758	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. Stewart Schaffer - Participated in a supplemental nonqualified deferred compensation plan. He had \$0 in benefits vest in 2009. Stephen Mason - Participated in a supplemental nonqualified deferred compensation plan. He had \$1,198,710 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. Tommy Inzina - Participated in a supplemental nonqualified deferred compensation plan. He had \$470,852 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. Michael Aubin - Participated in a supplemental nonqualified deferred compensation plan. He had \$72,254 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. The plan made a cash distribution of \$26,337 in 2009. 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. Mark Vaaler - Participated in a supplemental nonqualified deferred compensation plan. He had \$43,536 in benefits vest in 2009. This amount is included in Part II (B)(iii) other compensation. He had an additional \$27,656 of nonvested benefits accrue during 2009. This amount is included in Part II Column C. The plan made a cash distribution of \$15,869 in 2009. Paula McGuinness - Participated in a supplemental nonqualified deferred compensation plan. She had \$0 in benefits vest in 2009. She had \$36,711 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.
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.

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 Health Care Center Inc	Employer identification number 59-2593686
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Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
Supplemental Information		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 when compared against market standards The data reviewed 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 A review of compensation was 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 Health Care Center, Inc does not make its governing documents, conflict of interest policy or financial statements available to the public Form 990, Part VII, Section A, Column B - Estimated hours worked 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 Hospital, Inc - 1 Belinda Wilson - South Florida Baptist Hospital, Inc - 1 Belinda Wilson - St Joseph's Hospital, Inc - 1 Brenda Balicki - Franciscan Properties, Inc - 1 Brenda Balicki - South Florida Baptist Hospital, Inc - 1 Brenda Balicki - St Joseph's Hospital, Inc - 40 Bruce Rodwell - BayCare Health Systems, Inc - 1 Bruce Rodwell - South Florida Baptist Hospital, Inc - 1 Bruce Rodwell - South Florida Baptist Hospital Foundation, Inc - 1 Bruce Rodwell - St Joseph's Hospital, Inc - 1 Carolyn D McMullen - South Florida Baptist Hospital, Inc - 1 Carolyn D McMullen - St Joseph's Hospital, 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 Hospital, Inc - 1 Deborah Coakley - St Anthony's Hospital, Inc - 1 Deborah Coakley - South Florida Baptist Hospital, Inc - 1 Deborah Coakley - St Joseph's Hospital, Inc - 1 Elaine Shimberg - South Florida Baptist Hospital, Inc - 1 Elaine Shimberg - St Joseph's Hospital, Inc - 1 Elaine Shimberg - St Joseph's Hospital, Inc Foundation - 1 George K James, MD - South Florida Baptist Hospital, Inc - 1 George K James, MD - St Joseph's Hospital, 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 - 1 Isaac Mallah - St Joseph's Hospital, Inc Foundation - 1 John P Borreca - BayCare Health Systems, Inc - 1 John P Borreca - South Florida Baptist Hospital, Inc - 1 John P Borreca - St Joseph's Hospital, Inc - 1 Lee Kirkman - South Florida Baptist Hospital, Inc - 1 Lee Kirkman - St Joseph's Hospital, Inc - 1 Liana O'Drobinak - South Florida Baptist Hospital, Inc - 1 Liana O'Drobinak - St Joseph's Hospital, 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 Hospital, Inc - 45 Mark Vaaler - Franciscan Properties, Inc - 1 Mark Vaaler - San Damiano Enterprises, Inc - 1 Mark Vaaler - St Joseph's Ancillary Services, Inc - 1 Mark Vaaler - St Joseph's Community Care, Inc - 1 Mark Vaaler - St Joseph's Enterprises, Inc - 1 Michael Aubin - Franciscan Properties, Inc - 1 Michael Aubin - San Damiano Enterprises, Inc - 1 Michael Aubin - St Joseph's Ancillary Services, Inc - 1 Michael Aubin - St Joseph's Community Care, Inc - 1 Michael Aubin - St Joseph's Enterprises, Inc - 1 Michael W Booher - South Florida Baptist Hospital, Inc - 1 Michael W Booher - St Joseph's Hospital, Inc - 1 Nora Musselman - BayCare Health Systems, Inc - 1 Nora Musselman - South Florida Baptist Hospital, Inc - 1 Nora Musselman - St Joseph's Hospital, Inc - 1 Nora Musselman - St Joseph's Hospital, Inc Foundation - 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 Hospital, Inc - 1 Paula McGuiness - Franciscan Properties, Inc - 1 S David Stamps, PHD - South Florida Baptist Hospital, Inc - 1 S David Stamps, PHD - St Joseph's Hospital, Inc - 1 Stephen Mason - BayCare Health Systems, Inc - 45 Stephen Mason - BayCare Behavioral Health, Inc - 1 Stephen Mason - Behavioral Health Management Services, Inc - 1 Stephen Mason - BayCare Home Care, Inc - 1 Stephen Mason - Trustees of Mease Hospital, Inc - 1 Stephen Mason - Morton Plant Hospital Assoc, Inc - 1 Stephen Mason - Morton Plant Mease Health Care, Inc - 1 Stephen Mason - Morton Plant Mease Primary Care, Inc - 1 Stephen Mason - St Anthony's Hospital, Inc - 1 Stephen R Buckley - South Florida Baptist Hospital, Inc - 1 Stephen R Buckley - St Joseph's Hospital, 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 Hospital, Inc - 1 Tommy Inzina - BayCare Health Systems, Inc - 45 Tommy Inzina - BayCare Behavioral Health, Inc - 1 Tommy Inzina - BayCare Home Care, Inc - 1 Tommy Inzina - Morton Plant Mease Health Care, Inc - 1 Walwin Metzger, MD - South Florida Baptist Hospital, Inc - 1 Walwin Metzger, MD - St Joseph's Hospital, Inc - 1 William Meurer - South Florida Baptist Hospital, Inc - 1 William Meurer - St Joseph's Hospital, 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 Hospital, Inc - 1

Identifier	Return Reference	Explanation
Supplemental Information continued		<p>Form 990, Part VI, Question 2 - Description of Family and Business relationship Cathy Yoder, Isaac Mallah, 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</p> <p>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 Health Care Center, Inc</p> <p>Form 990, Part VI, Question 7a - Description of Classes of Persons and the Nature of Their Rights Designation and Election of Trustees (a) The Regional Minister of the Sponsoring Organization and the President of the Corporation shall serve as ex-officio Trustees of the Corporation ("Ex-Officio Trustees") (b) All other Trustees shall be appointed by the Board of Directors of Catholic Health East (the "Appointed Trustee") pursuant to the following procedure (i) The Chairman of the Board of Trustees of the Corporation shall appoint a Nominating Committee of at least three (3) persons, (ii) The Nominating Committee shall receive names of candidates for potential Trustees, present the names to the Board of Trustees of the Corporation, (iii) The Trustees shall review the candidates recommended by the Nominating Committee and submit its recommendations to the Board of Directors of CHE, (iv) The Board of Directors of CHE shall review the recommendations of the Trustees and either appoint the individuals recommended to serve as Trustees or request additional recommendations from the Nominating Committee</p> <p>Form 990, Part VI, Question 7b - Describe Classes of Persons, Decisions Requiring Approval & 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</p> <p>Class I Member Reserved Rights and Class II Member Reserved Rights</p> <p>A Class I Member Reserved Rights</p> <ol style="list-style-type: none">1 Addition, deletion or reconfiguration of services of the Corporation2 Establishment of overall capital and operating budgets and strategic plans applicable to the Corporation, including the use of the funds of the Corporation3 Exclusive authority to enter into managed care contracts on behalf of the Corporation4 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 Corporation6 Determination of whether the Corporation should join any networks or alternative or integrated delivery systems7 Establishment of employment and other policies applicable to all personnel employed by the Corporation8 Approval of the philosophy, mission statement and purposes of the Corporation9 Approval of changes in the Articles of Incorporation or in the Bylaws of the Corporation10 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 Corporation11 Approval of the incurrence of indebtedness by the Corporation above certain limits established by the Class I Member12 Approval of the establishment of additional affiliates or subsidiaries of the Corporation13 Adoption of strategic plans or major changes in programs or services of the Corporation14 Approval of the purchase, sale, transfer, or other encumbrance of assets of the Corporation above specified levels established by the Class I Member <p>B Class II Member Reserved Rights</p> <ol style="list-style-type: none">1 Approval of the philosophy, mission statement and purposes of the Corporation2 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 Corporation3 Approval of the closure of a hospital facility of the Corporation4 Approval of any sale, long term lease, mortgage, encumbrance or disposition of property of the Corporation constituting an 'alienation' under principles of canon law5 Approval of matters relating to the implementation of and compliance with the Ethical and Religious Directives6 Change in the name of the hospital facility of the Corporation7 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 Member8 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) <p>Form 990, Part VI, Question 11 & 11a - Describe the Process used by Management &/or Governing Body to Review</p> <p>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</p>

Supplemental Information, continued Form 990, Part VI, Question 12c - Description of Process to Monitor Transactions for Conflicts of Interest St Joseph's Health Care Center, 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

▶ **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.**

Employer identification number

59-2593686

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) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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	N/A	C corp	-147,604	69,536,792	100 000 %
Healthpoint Medical Group Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL33634 59-3244268	Phys medical grp	FL	N/A	C corp	-12,702,100	7,156,297	100 000 %
St Joseph's Physicians-Healthcenter Org 3001 W Dr Martin Luther King Jr Blv Tampa, FL33607 59-2820509	Holding company	FL	SJ Enterprises	C corp	0	0	100 000 %
St Joseph's Preferred Inc 3001 W Dr Martin Luther King Jr Blv Tampa, FL33607 59-3055643	Provider network	FL	SJ Phy-Hlth Org	C corp	0	0	100 000 %

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	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		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Software ID:

Software Version:

EIN: 59-2593686

Name: St Joseph's Health Care Center 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 srvc	FL	501(c)(3)	11A	
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	
St Joseph's Hospital Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-0774199	Health srvc	FL	501(c)(3)	3	
Franciscan Properties Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2822519	Supports SJH	FL	501(c)(3)	11B	
John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL33613 58-1377711	Retire cmnty	FL	501(c)(3)	9	
San Damiano Enterprises Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL33607 59-2822514	Hlth invest	FL	501(c)(3)	11B	
South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL33563 59-0594631	Medical srvc	FL	501(c)(3)	3	
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	
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	
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	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	St Joseph's Hospital Inc	k	26,925,361
(2)	South Florida Baptist Hospital Inc	k	907,361
(3)	John Knox Village of Tampa Bay Inc	k	202,128
(4)	Franciscan Properties Inc	l	2,169,765
(5)	St Joseph's Community Care Inc	q	1,535,055
(6)	Franciscan Properties Inc	q	4,645,709
(7)	John Knox Village of Tampa Bay Inc	q	1,509,540
(8)	St Joseph's Hospital Inc	q	32,129,549

Additional Data

Software ID:

Software Version:

EIN: 59-2593686

Name: St Joseph's Health Care Center 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	40 0	X		X				1,026,190	0	32,188
Brenda Balicki Assistant Secretary	1 0			X				0	56,107	7,132
Cathy Yoder CFO - SJB	40 0			X				307,815	0	52,800
Stewart Schaffer Chief Marketing/Strategy Officer	1 0				X			0	241,539	10,596
Stephen Mason President Baycare Hlth System	1 0				X			0	2,611,277	35,283
Tommy Inzina Chief Admin Officer/CFO	1 0				X			0	1,257,522	29,738
Michael Aubin COO St Josephs Children's Hosp	45 0					X		434,748	0	32,311

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			
Lorraine Lutton COO St Josephs Hospital	1 0					X		449,059	0	33,731
Mark Vaaler VP Medical Affairs - SJB	45 0					X		563,785	0	52,774
Paula McGuiness COO St Joseph's Hosp - North	45 0					X		275,987	0	61,773
Patricia Donnelly VP Patient Care Services - SJB	45 0					X		279,275	0	56,483

Additional Data

Software ID:

Software Version:

EIN: 59-2593686

Name: St Joseph's Health Care Center Inc

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
HARBORVEST FUND VII	7,519,684	C
HARBORVEST FUND VIII	8,698,783	C
OAKTREE CAPITAL MMGT	27,137,606	F
LSV EMERGING MARKETS	23,095,198	F
MONDRIAN INT'L SMALL CAP	22,273,350	F
BLACKSTONE	11,120,689	F
NTGI SP 500 FD NL	317,048	F
NTGI SP 500 FD	79,518,481	F
NTGI AGG BD FD	41,329,164	F