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Form 990

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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

B Check if applicable	C Name of organization St Joseph's Health Care Center Inc	D Employer identification number 59-2593686
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (813) 870-4942
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 3003 W Dr Martin Luther King Jr	F Room/suite G Gross receipts \$ 2,933,123,472
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

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

J Website: ► www.sjbhealth.org

K Form of organization Corporation Trust Association Other ► L Year of formation 1983 M State of legal domicile FL

Part I Summary

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 ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17
5 Total number of employees (Part V, line 2a)	5 194
6 Total number of volunteers (estimate if necessary)	6 0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 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

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000	0
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) ► 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

20 Total assets (Part X, line 16)	Beginning of Current Year 484,424,132	End of Year 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

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	
Signature of officer Cathy Yoder CFO Type or print name and title	2010-11-10 Date

Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG US LLP 55 IVAN ALLEN BOULEVARD SUITE 1000 ATLANTA, GA 30308			EIN ►
			Phone no ► (404) 874-8300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

St. Joseph's 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 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

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$**1,000,000**) including grants of \$**1,000,000**) (Revenue \$**1,000,000**)

4e Total program service expenses **\$ 15,209,808**

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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.

- 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

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2		No
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	30
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	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	2a	194
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	No
3b	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
4b	If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
5c	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
6b	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).	7a	No
7b		7b	
7c		7c	
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	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.	9a	
9b		9b	
10	Section 501(c)(7) organizations. Enter	10a	
10b	Initiation fees and capital contributions included on Part VIII, line 12	10b	
11	Section 501(c)(12) organizations. Enter	11a	
11b	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	
12b	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
 Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 Cathy Yoder
 3003 W Dr Martin Luther King Jr Bl
 Tampa, FL 33607
 (813) 870-4235

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 MCCLOSKY 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					
2a MANAGEMENT FEES	Business Code				
	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			
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			
	(i) Real	(ii) Personal			
6a Gross Rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)	►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	2,891,623,682				
b Less cost or other basis and sales expenses	2,923,349,717				
c Gain or (loss)	-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 checked="" 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) Beginning of year	(B) 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

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue ServiceName of the organization
St Joseph's Health Care Center IncEmployer 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 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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 III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

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

2009

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**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? Yes No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

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

	Amount
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	Yes	No
(ii) related organizations		

3a(ii)	Yes	No
------------------	-----	----

3b	Yes	No
--------------	-----	----

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
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
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	221,010,003	

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

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

Total (Column (b)) should equal Form 202, Part X, col (B) line 15

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	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

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.

2009

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

St Joseph's Health Care Center Inc

Employer identification number

59-2593686

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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? Yes No

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

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

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.

Part IV Supplemental Information

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

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

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Name of the organization
St Joseph's Health Care Center Inc**Employer identification number**

59-2593686

Part I Questions Regarding Compensation

Yes No

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Lee Kirkman	(i) 0 (ii) 400,511	0 68,735	0 3,564	0 20,200	0 21,158	0 514,168	0 0
Isaac Mallah	(i) 691,627 (ii) 0	282,377 0	52,186 0	20,200 0	11,988 0	1,058,378 0	0 0
Cathy Yoder	(i) 230,873 (ii) 0	69,002 0	7,940 0	48,438 0	4,362 0	360,615 0	0 0
Stewart Schaffer	(i) 0 (ii) 232,151	0 0	0 9,388	0 5,856	0 4,740	0 252,135	0 0
Stephen Mason	(i) 0 (ii) 924,854	0 410,673	0 1,275,750	0 12,152	0 23,131	0 2,646,560	0 296,668
Tommy Inzina	(i) 0 (ii) 506,339	0 250,000	0 501,183	0 20,200	0 9,538	0 1,287,260	0 15,257
Michael Aubin	(i) 272,953 (ii) 0	75,916 0	85,879 0	20,200 0	12,111 0	467,059 0	16,153 0
Lorraine Lutton	(i) 291,698 (ii) 0	84,526 0	72,835 0	21,550 0	12,181 0	482,790 0	0 0
Mark Vaaler	(i) 379,297 (ii) 0	113,293 0	71,195 0	39,813 0	12,961 0	616,559 0	0 0
Paula McGuiness	(i) 194,387 (ii) 0	60,503 0	21,097 0	56,911 0	4,862 0	337,760 0	0 0
Patricia Donnelly	(i) 202,050 (ii) 0	59,960 0	17,265 0	48,573 0	7,910 0	335,758 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 McGuiness - 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)**Supplemental Information to Form 990****2009**

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization
St Joseph's Health Care Center Inc

Employer identification number
59-2593686

Identifier

Return Reference

Explanation

Identifier	Return Reference	Explanation
Supplemental Information		<p>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 Aubin - St Joseph's Hospital, 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 Foundation - 1 Patricia Donnelly - John Knox Village of Tampa Bay, 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</p>

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 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 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 Form 990, Part VI, Question 7b - Description 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 Class I Member Reserved Rights and Class II Member Reserved Rights A Class I Member Reserved Rights 1 Addition, deletion or reconfiguration of services of the Corporation 2 Establishment of overall capital and operating budgets and strategic plans applicable to the Corporation, including the use of the funds of the Corporation 3 Exclusive authority to enter into managed care contracts on behalf of the Corporation 4 Approval of contracts on behalf of the Corporation (but the Class I Member may establish policies from time to time providing that only specific types of contracts or contracts involving obligations in excess of specified levels need to be approved by the Class I Member) 5 Authority to establish fees and charges on behalf of the Corporation 6 Determination of whether the Corporation should join any networks or alternative or integrated delivery systems 7 Establishment of employment and other policies applicable to all personnel employed by the Corporation 8 Approval of the philosophy, mission statement and purposes of the Corporation 9 Approval of changes in the Articles of Incorporation or in the Bylaws of the Corporation 10 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization of the Corporation 11 Approval of the incurrence of indebtedness by the Corporation above certain limits established by the Class I Member 12 Approval of the establishment of additional affiliates or subsidiaries of the Corporation 13 Adoption of strategic plans or major changes in programs or services of the Corporation 14 Approval of the purchase, sale, transfer, or other encumbrance of assets of the Corporation above specified levels established by the Class I Member B Class II Member Reserved Rights 1 Approval of the philosophy, mission statement and purposes of the Corporation 2 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization of the Corporation 3 Approval of the closure of a hospital facility of the Corporation 4 Approval of any sale, long term lease, mortgage, encumbrance or disposition of property of the Corporation constituting an 'alienation' under principles of canon law 5 Approval of matters relating to the implementation of and compliance with the Ethical and Religious Directives 6 Change in the name of the hospital facility of the Corporation 7 Approval of substantive changes in the Articles of Incorporation of the Corporation and these Bylaws provided that prior notice of any change in the Articles of Incorporation of the Corporation or these Bylaws shall be provided to CHE and, if such change, as a result of CHE being a Catholic entity, must be approved by CHE, such change, regardless of whether it is substantive as a matter of civil law, shall be subject to the approval of the Member 8 With regard to any assets of the Corporation no longer required in the operations of the Corporation, approval of any sale or other disposition of any assets not in the ordinary course which have a value in excess of \$3 million, and with regard to all other assets of the Corporation used in the operations of the Corporation, approval of any sale or other disposition of such assets not in the ordinary course (but the foregoing is not intended to limit any transfer of the location of the assets from the Corporation to another entity in connection with a duly authorized reconfiguration of services) Form 990, Part VI, Question 11 & 11a - Describe the Process used by Management &/or Governing Body to Review Form 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.

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► 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.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
St Joseph's Health Care Center Inc**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
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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
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See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(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**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
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o		No
1p		No
1q	Yes	
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	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 svcs	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 svcs	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 cmmty	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 svcs	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	Official	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 Offcr	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 Joseph's 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	Office	Key employee	Highest compensated employee			
Lorraine Lutton COO St Josephs Hospital	1 0				X		449,059	0	33,731
Mark Vaaler VPP 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 category (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