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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2009</div> <div>Open to Public Inspection</div> </div>

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<div style="border: 1px solid black; padding: 5px;"> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>C Name of organization ST JOSEPH HOSPITAL OF ORANGE</p> <p>Doing Business As</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 1100 WEST STEWART DRIVE</p> <p>City or town, state or country, and ZIP + 4 ORANGE, CA 92868</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>D Employer identification number 95-1643359</p> <p>E Telephone number (714) 771-8000</p> <p>G Gross receipts \$ 644,670,649</p> </div>
<div style="border: 1px solid black; padding: 5px;"> <p>F Name and address of principal officer STEVE MOREAU 1100 WEST STEWART DRIVE ORANGE, CA 92868</p> </div>	<p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)</p> <p>H(c) Group exemption number ▶ 0928</p>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.SJO.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1941
M State of legal domicile CA	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities See schedule O		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 3,67	
	6	Total number of volunteers (estimate if necessary)	6 84	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 1,504,59	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,645,766	Current Year 8,585,301
	9	Program service revenue (Part VIII, line 2g)	580,194,382	615,730,575
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,111,836	13,877,099
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-633,320	43,834
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,094,992	638,236,809
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,107,319
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	283,010,065	292,822,896
16a		Professional fundraising fees (Part IX, column (A), line 11e)	60,954	188,605
b		Total fundraising expenses (Part IX, column (D), line 25) 3,894,717		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	297,457,049	312,187,073
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	581,635,387	611,602,830
19		Revenue less expenses Subtract line 18 from line 12	-7,540,395	26,633,979
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	831,079,783	872,204,095
	21	Total liabilities (Part X, line 26)	472,113,146	471,378,232
	22	Net assets or fund balances Subtract line 21 from line 20	358,966,637	400,825,863

















Part II		Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 _____		2011-05-05 Date
	 TINA MYCROFT CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4  ERNST & YOUNG US LLP 18111 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612	Preparer's identifying number (see instructions)	
		EIN  Phone no  (949) 794-2300	

See Schedule O

Form **990** (2009)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	474	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
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	3,672	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	20	
b	Enter the number of voting members that are independent	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Tina Mycroft 1100 W Stewart Drive Orange, CA 92868 (714) 771-8000

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

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

Form **990** (2009)

1b	Total	4,679,516	2,114,663	452,146
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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

▶391

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
PULMONARY CONSULTANTS 1310 WEST STEWART DRIVE SUITE 410 ORANGE, CA 92868	MEDICAL SERVICES	3,689,974
SOUTHERN CALIFORNIA HOSPITALISTS IN 1801 WEST ROMNEYA SUITE 601B ANAHEIM, CA 90801	MEDICAL SERVICES	1,291,682
GLOBAL MONITORING INC 1173 N RED GUM STREET ANAHEIM, CA 92806	MEDICAL SERVICES	847,229
STRYKER ENDOSCOPY 5900 OPTICAL COURT SAN JOSE, CA 95138	MEDICAL SERVICES	840,663
ALLIED ANESTHESIA MEDICAL GROUP 400 N TUSTIN AVE 400 SANTA ANA, CA 92795	MEDICAL SERVICES	608,261

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

▶31

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 . . .	1a11,320							
	b	Membership dues	1b375							
	c	Fundraising events	1c681,830							
	d	Related organizations	1d3,572,898							
	e	Government grants (contributions)	1e373,263							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f3,945,615							
	g	Noncash contributions included in lines 1a-1f \$ 239,848								
	h	Total. Add lines 1a-1f						8,585,301		
Program Service Revenue			Business Code							
	2a	NET PATIENT SERVICES	622,110					599,333,203	599,333,203	
	b	MOB AND AFFILIATE RENTAL INCOME	531,120					9,249,566	9,249,566	
	c	CAFETERIA	722,310					2,037,939	2,037,939	
	d	OTHER OPERATING REVENUE	900,099					2,673,839	2,606,927	66,912
	e	CHOC REVENUE	622,110					190,894	190,894	
	f	All other program service revenue						2,245,134	807,453	1,437,681
	g	Total. Add lines 2a-2f						615,730,575		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			6,994,495		6,994,495			
	4	Income from investment of tax-exempt bond proceeds . .			0					
	5	Royalties			0					
	6a	Gross Rents	(i) Real	(ii) Personal						
	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						
			12,825,778	0						
			5,943,174	0						
			6,882,604	0						
	d	Net gain or (loss)		6,882,604			6,882,604			
	8a	Gross income from fundraising events (not including \$ 681,830 of contributions reported on line 1c) See Part IV, line 18								
	a	325,585								
	b	Less direct expenses	b490,666							
	c	Net income or (loss) from fundraising events . .		-165,081			-165,081			
	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	PAYMENT FROM MOTHERHOUSE-EXP REIMB	900,099	208,915					208,915		
b										
c										
d	All other revenue									
e	Total. Add lines 11a-11d		208,915							
12	Total revenue. See Instructions		638,236,809	614,434,897	1,504,593	13,712,018				

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	6,353,278	6,353,278		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	50,978	50,978		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,582,417		2,582,417	
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			
7	Other salaries and wages	194,510,559	180,268,933	12,504,721	1,736,905
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,456,176	10,792,613	1,535,053	128,510
9	Other employee benefits	66,251,957	60,813,560	4,903,008	535,389
10	Payroll taxes	17,021,787	15,706,302	1,173,166	142,319
11	Fees for services (non-employees)				
a	Management	10,292,652	0	10,292,652	0
b	Legal	1,055,666	159,689	895,977	
c	Accounting	713,738		713,738	
d	Lobbying	78,064	78,064		
e	Professional fundraising See Part IV, line 17	188,605			188,605
f	Investment management fees	981,004		981,004	
g	Other	47,050,043	41,693,648	5,103,437	252,958
12	Advertising and promotion	1,228,781	9,674	1,205,487	13,620
13	Office expenses	121,425,715	120,252,823	1,014,306	158,586
14	Information technology	0			
15	Royalties	0			
16	Occupancy	27,681,950	26,021,706	1,222,901	437,343
17	Travel	15,010	4,273	10,208	529
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	202,421	18,000	184,421	
20	Interest	20,902,244	19,212,412	1,689,832	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	30,785,480	28,474,735	2,283,603	27,142
23	Insurance	3,578,455	2,736,133	842,322	
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	BAD DEBT EXPENSE	32,228,954	32,228,954		
b	All other expenses	13,966,896	12,291,621	1,402,464	272,811
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	611,602,830	557,167,396	50,540,717	3,894,717
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			31,916,972	1	10,430,044
	2	Savings and temporary cash investments			73,623,331	2	103,666,289
	3	Pledges and grants receivable, net				3	2,400,000
	4	Accounts receivable, net			61,606,632	4	57,902,450
	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			2,795,018	7	4,648,027
	8	Inventories for sale or use			9,692,139	8	10,573,929
	9	Prepaid expenses and deferred charges			2,714,148	9	3,074,099
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	827,342,767			
	b	Less accumulated depreciation	10b	350,350,221	482,671,786	10c	476,992,546
	11	Investments—publicly traded securities			131,508,664	11	159,865,960
	12	Investments—other securities See Part IV, line 11			2,392,461	12	3,486,066
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			1,236,170	14	0
	15	Other assets See Part IV, line 11			30,922,462	15	39,164,685
	16	Total assets. Add lines 1 through 15 (must equal line 34)			831,079,783	16	872,204,095
Liabilities	17	Accounts payable and accrued expenses			74,146,975	17	76,578,510
	18	Grants payable				18	
	19	Deferred revenue			264,260	19	443,859
	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			397,701,911	25	394,355,863
	26	Total liabilities. Add lines 17 through 25			472,113,146	26	471,378,232
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			344,974,902	27	386,357,175
	28	Temporarily restricted net assets			10,316,627	28	10,639,777
	29	Permanently restricted net assets			3,675,108	29	3,828,911
	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			358,966,637	33	400,825,863
	34	Total liabilities and net assets/fund balances			831,079,783	34	872,204,095

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization ST JOSEPH HOSPITAL OF ORANGE	Employer identification number 95-1643359
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(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)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

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

Section A. Public Support

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

Section B. Total Support

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

12

Gross receipts from related activities, etc (See instructions)

12

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

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

b

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

17a

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

b

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

18

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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

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

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

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number

95-1643359

Part I-A

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$ _____
- 3

Volunteer hours _____

Part I-B

Complete if the organization is exempt under section 501(c)(3).

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C

Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		78,064
	j Total lines 1c through 1i			78,064
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF LOBBYING ACTIVITIES	SCHEDULE C, PART II-B	PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS FOR LOBBYING ACTIVITIES. DURING THE PAST YEAR, THE ST. JOSEPH HEALTH SYSTEM HAS CONDUCTED AN ADVOCACY EFFORT WHICH INCLUDED SOME LOBBYING ACTIVITY. THESE INCLUDED MEETING WITH LOCAL, STATE, AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION.

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.**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ST JOSEPH HOSPITAL OF ORANGE	Employer identification number 95-1643359
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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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ **Yes** ☐ **No**

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ **Yes** ☐ **No**

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

Part III

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	12,047,807	15,120,110			
b Contributions	153,803	7,793			
c Investment earnings or losses	1,806,416	-2,281,334			
d Grants or scholarships					
e Other expenditures for facilities and programs	766,790	798,762			
f Administrative expenses					
g End of year balance	13,241,236	12,047,807			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

71.083 %

b

Permanent endowment ▶

28.917 %

c

Term endowment ▶

0 %

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,844,641		22,844,641
b Buildings		458,907,216	120,285,429	338,621,787
c Leasehold improvements		7,848,366	5,888,197	1,960,169
d Equipment		292,786,745	216,079,361	76,707,384
e Other		44,955,799	8,097,234	36,858,565
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				476,992,546

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D PART V, LINE 4	THE ENDOWMENT FUNDS MAINTAINED BY THE HOSPITAL ARE INTENDED TO SUPPORT THE MISSION OF THE HOSPITAL

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	INTERCOMPANY W/ HEALTH SYSTEM-BONDS	312,902,881
	INTERCOMPANY W/ HEALTH SYSTEM	2,354,408
	CAPITALIZED LEASE OBLIGATIONS	66,158,820
	ASBESTOS OBLIGATION	4,135,286
	FUNDS HELD IN TRUST	2,570,407
	CHOC URGENT CARE	309,019
	QOV FND GIFT ANNUITIES PAYABLE	511,849
	OTHER LIABILITIES	336,456
	PAYABLE TO THIRD PARTY PAYORS	5,076,737

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

b ☐ Internet and e-mail solicitations

c ☐ Phone solicitations

d ☒ In-person solicitations

e ☒ Solicitation of non-government grants

f ☒ Solicitation of government grants

g ☒ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRANSAMERICAN Mailing Fulfillment	DIRECT MAIL SVCS		No	199,712	63,370	136,342
BENTZ WHALEY FLESSNER	FUNDRAISING Strategy		No	0	54,070	-54,070
DONOVAN SLONE GUTHRIE	CAMPAIGN CONSULTING		No	4,907,464	41,240	4,866,224
Ferrari Philanthropic Consultants	Consulting		No	115,284	29,925	85,359
Total ▶				5,222,460	188,605	5,033,855

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL BALL (event type)	COMMUNITY GOLF (event type)	1 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	380,330	403,008	224,077	1,007,415
	2 Less Charitable contributions	227,759	296,493	157,578	681,830
	3 Gross income (line 1 minus line 2)	152,571	106,515	66,499	325,585
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,686	7,259	14,240	25,185
	6 Rent/facility costs	4,030	31,320		35,350
	7 Food and beverages	109,030	33,025	32,538	174,593
	8 Entertainment	91,145	0	14,914	106,059
	9 Other direct expenses	87,631	44,330	17,518	149,479
	10 Direct expense summary Add lines 4 through 9 in column (d)				490,666
	11 Net income summary Combine lines 3, column d, and line 10.				-165,081

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input checked="" type="checkbox"/> Other <u>500 %</u></div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			5,991,319	965,927	5,025,392	0 870 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			50,261,191	15,870,850	34,390,341	5 940 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			9,861,395	6,049,169	3,812,226	0 660 %
d Total Charity Care and Means-Tested Government Programs			66,113,905	22,885,946	43,227,959	7 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,134,556	487,505	9,647,051	1 670 %
f Health professions education (from Worksheet 5)			36,644	0	36,644	0 010 %
g Subsidized health services (from Worksheet 6)			1,379,018	0	1,379,018	0 240 %
h Research (from Worksheet 7)			400,095	0	400,095	0 070 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			516,481	0	516,481	0 090 %
j Total Other Benefits			12,466,794	487,505	11,979,289	2 080 %
k Total. Add lines 7d and 7j			78,580,699	23,373,451	55,207,248	9 550 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	27,519,015	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	30	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5104,123,485	
6	Enter Medicare allowable costs of care relating to payments on line 5	6121,017,746	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-16,894,261	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 Comprehensive	Diagnostic Imaging Center	51.000 %	0 %	49.000 %
2 Imaging Partners				
3 of Orange County				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE,CA 92868	X	X				X	X		
MOTHER BABY 363 S MAIN ORANGE,CA 92868									WOMEN/CHILDREN SVCS
SANTA ANA CHRONIC DIALYSIS CENTER 2212 E 4TH STREET SANTA ANA,CA 92705									DIALYSIS SERVICES
CARDIOLOGY 1140 W LA VETA ORANGE,CA 92868									CARDIOLOGY SVCS
RADIOLOGYIMAGING CENTER 1140 W LA VETA ORANGE,CA 92868									RADIOLOGY/IMAGING
PUNETE A LA SALUD 363 S MAIN ORANGE,CA 92868									MEDICAL/DENTAL CLINIC
ST JOSEPH HOSPITAL WOUND CARE CENTER 431 S BATAVIA SUITE 100 ORANGE,CA 92868									WOUND CARE CENTER
ST JOSEPH SISTER ELIZABETH BUILDING 1300 W PALMYRA ORANGE,CA 92868									DIALYSIS/BEH HLTH / RENAL TRANSPLANT/ SLEEP CENTER
CENTER FOR CANCER PREVENTION & TREATMENT 1000 LA VETA ORANGE,CA 92868									CANCER CENTER
PHYSICAL REHABILITATION 1310 W STEWART DRIVE SUITE 203 ORANGE,CA 92868									PHYSICAL THERAPY
SLEEP CENTER 1310 W STEWART DRIVE SUITE 403 ORANGE,CA 92868									SLEEP DISORDER CENTER
LA AMISTAD DE JOSE 353 S MAIN STREET ORANGE,CA 92868									MEDICAL/DENTAL CLINIC
OUTPATIENT SURGICENTER 1140 W LA VETA ORANGE,CA 92868									OUTPATIENT SURGERY
SINUS CENTER 1140 W LA VETA SUITE 510 ORANGE,CA 92868									SINUS CENTER
MATERNAL FETAL TESTING 1140 W LA VETA SUITE 805 ORANGE,CA 92868									FETAL TESTING

Part VI

Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

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

See additional data

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

See additional data

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

CA

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LIVER FOUNDATION4500 MACARTHUR BLVD Newport Beach, CA 92660	362883000	501(c)3	5,500				TRUFFLE SPONSORSHIP- FLAVORS OF ORANGE COUNTY
TALLER SAN JOSE801 NORTH BROADWAY Santa Ana, CA 92701	593816355	501(c)3	22,250				SPONSORSHIP
WESTERN UNIVERSITY 1111 N ST COLLEGE BLVD Fullerton, CA 92831	953127273	501(c)3	7,000				SCHOLARSHIP SPONSORSHIP & SILVER SPONSOR @ NURSE WEEK MAGAZINE AWARDS
AMERICAN HEART ASSOCIATIONPO BOX 6046 Irvine, CA 92616	135613797	501(c)3	19,900				SPONSORSHIP
CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE Orange, CA 92866	951643992	501(c)3	25,000				SPONSORSHIP
CALIFORNIA KIDS HEALTHCARE FDN5200 LANKERSHIM BLVD N Hollywood, CA 91601	954357592	501(c)3	119,444				CONTRIBUTION TO PROVIDE 652 CHILDREN ACCESS TO HEALTHCARE COVERAGE
OCHNAPHFE2024 N BROADWAY Santa Ana, CA 92706	952557063	501(c)3	21,666				FINANCIAL CONTRIBUTION
St Joseph Heritage Healthcare Foundation279 EAST IMPERIAL HIGHWAY STE 750 FULLERTON, CA 92835	330185031	501(c)3	2,750,000				PROGRAM SUPPORT
ST JOSEPH HEALTH SYSTEM Foundation500 S MAIN STREET STE 1000 ORANGE, CA 928684507	330143024	501(c)3	3,353,568				CARE FOR THE POOR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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 HOSPITAL OF ORANGE

Employer identification number
95-1643359

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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				
LARRY AINSWORTH	(i)	0	0	0	0	0	0	0
	(ii)	548,560	177,826	183,521	19,587	24,147	953,642	0
JOSEPH RANDOLPH	(i)	0	0	0	0	0	0	0
	(ii)	732,429	228,922	243,404	21,982	29,984	1,256,721	0
ASHOK KAR MD	(i)	0	0	169,400	0	0	169,400	0
	(ii)	0	0	0	0	0	0	0
ALAN GARRETT	(i)	360,803	116,322	151,550	19,595	28,441	676,712	0
	(ii)	0	0	0	0	0	0	0
TINA MYCROFT	(i)	243,332	78,253	77,805	21,816	20,508	441,714	0
	(ii)	0	0	0	0	0	0	0
CATHERINE SKELTON	(i)	228,343	73,108	139,946	17,003	10,281	468,681	38,034
	(ii)	0	0	0	0	0	0	0
THOMAS HILL	(i)	225,937	73,108	93,280	12,075	26,134	430,534	0
	(ii)	0	0	0	0	0	0	0
KEVIN LUNDON	(i)	225,164	73,108	84,660	17,011	20,962	420,905	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE WAGMAN MD	(i)	544,353	64,226	155,950	0	22,580	787,110	0
	(ii)	0	0	0	0	0	0	0
RAYMOND CASCIARI MD	(i)	279,329	90,204	71,412	7,350	24,422	472,718	0
	(ii)	0	0	0	0	0	0	0
JULIANNE HOLT	(i)	205,231	66,947	65,496	16,364	21,144	375,182	0
	(ii)	0	0	0	0	0	0	0
MARY LEAHY	(i)	195,864	63,670	50,123	9,461	26,351	345,468	0
	(ii)	0	0	0	0	0	0	0
LINDA SIMON	(i)	170,115	53,986	71,820	26,555	8,393	330,869	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE J, PART I, LINE 3	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON BY A RELATED ORGANIZATION. SEE SCHEDULE O FOR 990, PART VI, LINE 15A FOR THE PROCESS THAT IS COMPLETED BY THE ST. JOSEPH HEALTH SYSTEM. SCHEDULE J, PART I, LINE 4B EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F). THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007 AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN. THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. DISTRIBUTIONS FOR THE YEAR WERE AS FOLLOWS: 1. CATHERINE SKELTON \$38,034. SCHEDULE J, PART I, LINE 7: A PORTION OF THE EXECUTIVE'S SALARY IS PLACED "AT-RISK" AND IS NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST. JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	9	8,275	cost/selling price
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,190	cost/selling price
5 Clothing and household goods	X		22,550	cost/selling price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	162,498	cost/selling price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	13	5,620	cost/selling price
20 Drugs and medical supplies	X	1	0	cost/selling price
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT CERTIFICATES) Items donated FOR	X	35	9,855	COST/SELLING PRICE
26 Other ► (AUCTION)	X	15	28,860	COST/SELLING PRICE
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

Yes

Yes

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 32	USE OF THIRD PARTIES TO SELL NON-CASH DONATIONS	THE ORGANIZATION USES A THIRD PARTY BROKERAGE FIRM TO SELL DONATED STOCKS SCHEDULE M, PART I, LINE 33 PROPERTY RECEIVED BUT NOT REPORTED ON 990, PART VIII, LINE 1G THE FOLLOWING ITEMS WERE NOT REPORTED IN GIFT REVENUE SIX BEDSIDE COMMUNES VALUED AT \$200

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 & PART III, LINE 1	<p>AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM (SJHS), ST JOSEPH HOSPITAL OF ORANGE (SJHO) IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE. OUR MISSION IS REALIZED THROUGH THE DELIVERY OF QUALITY IN-PATIENT AND OUT-PATIENT SERVICES, AND FOCUSED COMMUNITY INITIATIVES AND PROGRAMS THAT ARE DEDICATED TO IMPROVING THE LIVES OF ALL WE SERVE. PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4 WHO WE ARE AND WHAT WE DO FOR 81 YEARS, ST JOSEPH HOSPITAL (SJH) HAS BEEN DEDICATED TO CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE IN THE COMMUNITIES IT SERVES. LOCATED IN THE HEART OF ORANGE COUNTY, SJH IS A 525-BED NOT-FOR-PROFIT, ACUTE CARE FACILITY WITH APPROXIMATELY 3,800 EMPLOYEES AND 971 PHYSICIANS ON STAFF. SJH HAS THE SECOND BUSIEST EMERGENCY ROOM IN THE STATE OF CALIFORNIA AND THE BUSIEST IN ORANGE COUNTY. IT IS THE FIRST IN ORANGE COUNTY AND SECOND IN THE STATE OF CALIFORNIA FOR SURGICAL VOLUME (28,027 SURGERIES), FIRST IN ORANGE COUNTY (AND SECOND IN THE STATE OF CALIFORNIA) FOR THE NUMBER OF DELIVERIES (5,149 LIVE BIRTHS), AND HAS THE SECOND LARGEST VOLUME OF CARDIOVASCULAR BYPASS PROCEDURES IN ORANGE COUNTY (341). SJH OFFERS A BROAD RANGE OF SERVICES ON ITS MODERN CAMPUS, ALLOWING FOR THE TREATMENT OF MORE COMPLEX MEDICAL CONDITIONS IN A VARIETY OF SPECIALTIES. SJH PROVIDES A COMPREHENSIVE RANGE OF SERVICES, CENTERS AND PROGRAMS: ANESTHESIA SERVICES, BARIATRIC CARE CENTER, BEHAVIORAL HEALTH/ PSYCHOLOGICAL SERVICES, BLOOD DONOR CENTER, COMPREHENSIVE BREAST CENTER, CANCER GENETICS, CARDIOLOGY SERVICES, COLORECTAL SERVICES, DIALYSIS CENTER, HEAD AND NECK CANCER, KIDNEY TRANSPLANT, MELANOMA SERVICES, MINIMALLY INVASIVE SURGERY, NASAL SINUS SERVICES, NEUROSURGICAL SERVICES, OBSTETRICS, ORTHOPEDICS, PROSTATE CANCER, RADIOLOGY AND IMAGING SERVICES, REHAB SERVICES, SLEEP DISORDER CENTER, THORACIC ONCOLOGY CENTER AND VASCULAR INSTITUTE. THE CENTER FOR CANCER PREVENTION AND TREATMENT AT SJH OPENED IN AUGUST 2008. IT IS THE FIRST CENTER OF ITS KIND IN ORANGE COUNTY AND ONE OF A FEW SUCH CENTERS IN THE NATION OFFERING CONVENIENT ACCESS TO THE LATEST IN DIAGNOSIS, TREATMENT AND CLINICAL TRIALS. IN FY 10, SJH COMMUNITY CLINICS (LA AMISTAD FAMILY HEALTH CENTER AND PUENTE A LA SALUD MOBILE CLINICS) PROVIDED A TOTAL OF 20,482 PATIENT ENCOUNTERS. THREE HUNDRED INDIVIDUALS IN EL CLUB DE SALUD- JOINT CLINIC HEALTH EDUCATION PROGRAM EXPERIENCED A DROP IN A1C LEVELS FROM ENROLLMENT TO SECOND MEASUREMENT. IN TOTAL WITH COMMUNITY PARTNERS, THE CHILDREN'S ACCESS PROGRAM ASSISTED IN THE ENROLLMENT OF 1,563 CHILDREN INTO APPROPRIATE HEALTH INSURANCE PROGRAMS. THE CHILDHOOD OBESITY PROGRAM, HEALTHY 4 LIFE HAD 1,575 STUDENTS PARTICIPATE IN THE PROGRAM (A TOTAL OF 15 SCHOOLS IN THE HOSPITAL'S PRIMARY SERVICE AREA). THE POSTPARTUM DEPRESSION PROGRAM (PPD), THE ONLY SCREENING AND TREATMENT HOSPITAL-BASED PROGRAM IN ORANGE COUNTY, IDENTIFIED 1,895 WOMEN AS AT GREATER RISK FOR DEPRESSION. OF THOSE WOMEN, 1,449 MOTHERS RECEIVED FOLLOW-UP. FIFTY-SIX PERCENT OF WOMEN IDENTIFIED AS AT RISK FOR MATERNAL DEPRESSION WERE ENROLLED IN THE PROGRAM AND RECEIVED TREATMENT. A TOTAL OF 272 INDIVIDUAL SESSIONS WERE PROVIDED. THREE MISSION OUTCOMES AS A MINISTRY OF THE SJHS WE ARE COMMITTED TO: THREE SYSTEMWIDE MISSION OUTCOMES: 1. MAKING EVERY ENCOUNTER WITH OUR COMMUNITY A SACRED ENCOUNTER. 2. PROVIDING TO OUR PATIENTS IN THE COMMUNITY THE PERFECT CARE. 3. MAKING THE COMMUNITY WE SERVE AMONG THE HEALTHIEST COMMUNITIES IN THE U.S. ST JOSEPH HOSPITAL IS AN ACUTE CARE FACILITY, SERVING CENTRAL ORANGE COUNTY. DURING FISCAL YEAR 2010, WE INVESTED IN A TOTAL OF \$55,207,248 (8.9% OF OUR TOTAL OPERATING EXPENSES) IN COMMUNITY BENEFIT (INCLUDING TRADITIONAL CHARITY CARE, UNPAID COST TO STATE AND LOCAL PROGRAMS AND COMMUNITY BENEFIT SERVICES TO THE LOW-INCOME AND BORDER COMMUNITY), IN ALIGNMENT WITH CATHOLIC HEALTH ASSOCIATION GUIDELINES. IN ADDITION, OUR UNPAID COST OF MEDICARE PROGRAMS TOTALED \$35,359,195 PER THE FY 10 CBISA REPORT. FINANCIAL ASSISTANCE POLICY (TRADITIONAL CHARITY CARE) OUR MISSION IS TO PROVIDE QUALITY CARE TO ALL OUR PATIENTS, REGARDLESS OF ABILITY TO PAY. WE BELIEVE THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE. THAT IS WHY SJHS HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES FREE OR DISCOUNTED SERVICES TO ELIGIBLE PATIENTS. IN FY 10, ST JOSEPH HOSPITAL, PROVIDED \$5,025,392 IN CHARITY CARE. ORGANIZATIONAL COMMITMENT AS A VALUES-BASED ORGANIZATION, ST JOSEPH HOSPITAL HAS A LONG-STANDING COMMITMENT TO THE COMMUNITY. FY 10 COMMUNITY BENEFIT INITIATIVES AND/OR PROGRAMS NAME LA AMISTAD FAMILY HEALTH CENTER (MEDICAL AND DENTAL CLINICS) GOAL TO RESTORE AND MAINTAIN TO A HEALTHY STATE, FOR THOSE WITH LITTLE OR NO OTHER ACCESS TO MEDICAL CARE AND DENTAL SERVICES. KEY COMMUNITY PARTNERS: COALITION OF ORANGE COUNTY COMMU</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 & PART III, LINE 1	NITY CLINICS FY 10 ACCOMPLISHMENTS LA AMISTAD MEDICAL CLINIC PROVIDED 10,888 MEDICAL TREA TMENT VISITS WE EXCEEDED CLINIC GOAL BY 21% LA AMISTAD DENTAL CLINIC PROVIDED 3,176 DENT AL PROPHY LAXIS AND/OR TREATMENT VISITS LA AMISTAD DENTAL CLINIC PROVIDED ORAL HEALTH EDUC ATION TO 1,192 PATIENTS WE EXCEEDED OUR REVISED GOAL BY APPROXIMA TELY 3% LA AMISTAD DENT AL CLINIC PROVIDED 332 DENTAL PROPHY LAXIS AND/OR TREATMENT VISITS FOR CHILDREN 0 5 LA AMI STAD DENTAL CLINIC PROVIDED ORAL HEALTH EDUCATION FOR 200 CHILDREN AND /OR PARENTS HEALTH Y SMILES OF ORANGE COUNTY IS THE LEAD AGENCY FOR THIS COLLABORATIVE AND IS RESPONSIBLE FOR REFERRING CHILDREN TO OUR CLINIC

Identifier	Return Reference	Explanation
NAME PUENTE A LA SALUD MOBILE CLINICS (MEDICAL, DENTAL CLINICS AND	VISION)	GOAL TREATMENT AND PREVENTION OF ILLNESS WITHIN THE TARGET POPULATION PROVIDE TREATMENT TO PATIENTS WITH DENTAL DISEASE AND PROVIDE DENTAL EDUCATION AND DENTAL TREATMENT FOR CHIL DREN AGES 0-13 KEY COMMUNITY PARTNERS COALTION OF ORANGE COUNTY COMMUNITY CLINICS CORBI N FAMILY RESOURCE CENTER, DELHI FAMILY RESOURCE CENTER, LA AMISTAD DE JOSE HEALTH CENTER, LESTONNAC FREE CLINIC, ST JUDE NEIGHBORHOOD CLINIC, SOUTHERN CALIFORNIA COLLEGE OF OPTOME TRY FY 10 ACCOMPLISHMENTS PUENTE PROVIDED HEALTH SERVICES AT FOUR DIFFERENT COMMUNITY LO CATIONS COMMUNITY LOCATIONS PUENTE'S NO-SHOW RATE WAS 14% (216 NO-SHOWS) OUT OF 1,554 SCH EDULED MEDICAL APPOINTMENTS EL CLUB DE SALUD HEALTH EDUCATORS PROVIDED 1,228 ONE-ON-ONE P ATIENT VISITS OUT OF 1,554 MEDICAL VISITS 79% OF OUR PATIENTS SCHEDULED FOR THE MEDICAL C LINIC RECEIVED PERSONAL GUIDANCE AND INFORMATION ON HEALTH, NUTRITION AND WELLNESS THROUGH EL CLUB DE SALUD PROGRAM OF THE 394 AGRICULTURAL PATIENTS, 70 PATIENTS (18%) RECEIVED ON E-ON-ONE PERSONAL HEALTH AND WELLNESS EDUCATION BY A HEALTH EDUCATOR FROM EL CLUB DE SALUD PROGRAM PUENTE PROVIDED AN ADDITIONAL 134 MEDICAL WELLNESS SCREENINGS CASE MANAGEMENT A ND EDUCATION VISITS WERE CAPTURED WITH THE IMPLEMENTATION OF OUR NEW PATIENT MANAGEMENT SY STEM, CCPRO NET PROVIDED DENTAL SERVICES AT FOUR DIFFERENT COMMUNITY LOCATIONS 61% OF AD ULT DENTAL PATIENTS COMPLETED TREATMENT BEFORE TRANSFERRING OUT OUT OF 494 UNDUPLICATED A DULT DENTAL PATIENTS, 300 PATIENTS COMPLETED DENTAL TREATMENT 182 (37%) UNDUPLICATED PATIENTS OUT OF 494 TOTAL UNDUPLICATED PATIENTS RECEIVED ADDITIONAL DENTAL HYGIENE AND NUTRITI ON EDUCATION FROM PATIENT CARE COORDINA TOR 494 UNDUPLICATED ADULT DENTAL PATIENTS (100%) RECEIVED CHAIR SIDE DENTAL HYGIENE EDUCATION AT EVERY DENTAL VISIT PUENTE PROVIDED 894 AD ULT DENTAL VISITS PUENTE RECEIVED 300 REFERRALS FROM COMMUNITY SCHOOL NURSES THESE REFER RALS RESULTED IN PATIENT CARE COORDINATION BY PHONE AND /OR IN PERSON REGARDING DENTAL TRE ATMENT, APPOINTMENTS, FURTHER REFERRALS AND INSURANCE VERIFICATION AND INFORMATION PROVID ED DENTAL TREATMENT TO 800 UNDUPLICATED PEDIA TRIC PATIENTS WITHIN THE 0-13 AGE CATEGOR Y P ROVIDED 972 UNDUPLICATED PATIENTS RECEIVED FLUORIDE VARNISH TREATMENT AT EVERY DENTAL VISI T, TOTALING IN 1,317 VISITS PUENTE PROVIDED SERVICES AT SEVEN DIFFERENT COMMUNITY LOCATIO NS IN TOTAL, PUENTE PROVIDED 1,464 PEDIA TRIC DENTAL VISITS TO 1,081 PATIENTS IN ADDITION , PUENTE PATIENT CARE COORDINA TOR PROVIDED 241 DENTAL EDUCATION ENCOUNTERS AT ELEMENTARY S CHOO L PRESENTATIONS AND HEALTH FAIR SCREENINGS PUENTE ADDED A REGISTERED DENTAL ASSISTANT TO THE DENTAL TEAM TO OVERSEE THE PROPHY SCHEDULE FOR THE RECOMMENDED THREE-FOUR MONTH PA TIENT DENTAL CLEANINGS THE PUENTE VISION MOBILE CLINIC PROVIDED SERVICES AT FIVE LOCATION S IN ORANGE COUNTY A TOTAL OF 2,174 PATIENT VISITS WERE PROVIDED TO 1,756 PATIENTS PUENT E PROCESSED 1,289 FRAME PRESCRIPTION ORDERS FOR PATIENTS IN NEED OF RX GLASSES IN ADDITIO N, WE PROVIDED 53 FRAME ADJUSTMENT APPOINTMENTS TO WALK IN PATIENTS CASE MANAGEMENT VISIT S WERE CAPTURED WITH THE IMPLEMENTATION OF OUR NEW PATIENT MANAGEMENT SYSTEM, CCPRO NET C ASE MANAGEMENT OVERSEES SPECIALTY REFERRALS WE PROVIDED AN ESTIMATED 520 SPECIALTY REFERR ALS TO OPHTHALMOLOGISTS AND THE SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY NAME EL CLUB DE SALUD JOINT CLINIC HEALTH EDUCATION PROGRAM GOAL IMPROVE HEALTH STATUS OF EL CLUB MEMBER /PATIENTS KEY COMMUNITY PARTNERS LA AMISTAD AND PUENTE A LA SALUD CLINICS FY 10 ACCOMPLI SHMENTS 300 INDIVIDUALS EXPERIENCED A DROP IN A1C LEVELS FROM ENROLLMENT TO THE SECOND ME ASUREMENT FOR 46 OF THESE INDIVIDUALS, THIS DROP REPRESENTED MOVING FROM "MODERATE' OR "H IGH" RISK INTO THE CATEGORY OF "LOW OR NO RISK" FOR THE PATIENTS EVALUATED, THERE WAS STA TISTICALLY SIGNIFICANT IMPROVEMENT OF THEIR A1C SCORES 413 PATIENTS HAVE HAD THREE HEALTH SURVEYS AFTER ANALY SIS, WE HAVE ADJUSTED THE TIME FRAME FOR USING THE INSTRUMENT TO BASE LINE PLUS EVERY SIX MONTHS PATIENT STORY - PABLO JOINED EL CLUB WITH A SHOCKING A1C SCORE OF 16%-THIS SCORE IS HIGHER THAN MANY DOCTORS HAVE EVER SEEN OUR COMMUNITY HEALTH EDUCATO R MET WITH HIM AND ENROLLED HIM IN OUR EL CLUB DIABETES MANAGEMENT CLASSES HE LEARNED HOW TO USE A GLUCOMETER AND TO SELF-INJECT INSULIN HE ATTENDED MANY EL CLUB ACTIVITIES AND W ORKED VERY HARD TO MAKE CHANGES IN HIS LIFESTYLE HE WAS ABLE TO LOWER HIS A1C TO A HEALTH Y AND SAFE 5 7% PABLO IS VERY THANKFUL FOR THE EL CLUB PROGRAM HE SAYS HE "IS A NEW MAN" HE FEELS MORE PRODUCTIVE AT WORK AND HAS RENEWED ENERGY HE IS NOT ONLY HAPPY TO BE HEALT HY, BUT ALSO VERY HAPPY ABOUT HOW HAPPY HIS IMPROVED HEALTH HAS MADE HIS WIFE AND DAUGHTER NAME CHILDREN'S ACCESS PROGRAM (FORMERLY MEDIKIDS PROGRAM) GOAL PROVIDE ENROLLMENT ASS ISTANCE, CARE COORDINATION AND RETENTION SERVICES TO UNINSURED CHILDREN KEY COMMUNITY PAR TNERS CHILDREN'S HEALTH INITIATIVE OF ORANGE COUNTY, HEALTH CARE AGENCY OF ORANGE COUNTY, AND SOCIAL SERVICES OF ORANGE COUNTY FY 10 ACCOMP

Identifier	Return Reference	Explanation
NAME PUENTE A LA SALUD MOBILE CLINICS (MEDICAL, DENTAL CLINICS AND	VISION)	<p>LISHMENTS NUMBER OF FAMILIES/CHILDREN ASSISTED- 1,563 WITH COMMUNITY PARTNERS- 11,423 PA RTICIPATED IN A PILOT CARE COORDINATION PROGRAM WITH THE CHILDREN'S HEALTH INITIATIVE OF O RANGE COUNTY (CHIOC) TO TRANSFER OUR CASES TO THEM FOR ONGOING CARE COORDINATION AFTER APP ROVAL OF COVERAGE THIS ENABLED OUR LIMITED STAFF TO CONCENTRATE ON ENROLLMENT ASSISTANCE PROVIDED LEADERSHIP ON THE CHIOC GOVERNING COMMITTEE AND LEAD THE CARE COORDINATION PILOT PROGRAM AS WELL AS THE OC CARE PILOT PROGRAM TO REFER UNINSURED CHILDREN NOT QUALIFYING F OR PUBLIC PROGRAMS TO PARTICIPATING COMMUNITY CLINICS FOR CARE MEDIKIDS PROGRAM PROVIDED IN-KIND OUR MOST EXPERIENCED HEALTH CARE ACCESS COORDINATOR (1 FTE) TO THE CHIOC AS PART O F THE TRANSITIONAL PLAN AS FUNDING FOR MEDIKIDS ENDED THIS FISCAL YEAR, THE CHIOC SECURED ADDITIONAL FUNDING SOURCES TO HIRE THAT HEALTH CARE ACCESS COORDINATOR TO MAINTAIN CONTINUITY OF CARE COORDINATION NAME HEALTHY 4 LIFE- CHILDHOOD OBESITY PREVENTION AND INTERVEN TION PROGRAM GOAL TO IMPROVE THE HEALTH AND PHYSICAL FITNESS OF CHILDREN THROUGH PHYSICAL AND NUTRITIONAL EDUCATION ACTIVITIES AND TO ENSURE CHIDLREN HAVE ACCESS TO A MEDICAL HOME KEY COMMUNITY PARTNERS TITLE 1 SCHOOLS IN ORANGE COUNTY ST JUDE MEDICAL CENTER AND MISSION HOSPITAL FY 10 ACCOMPLISHMENTS THERE WERE 1,575 STUDENTS PARTICIPATING IN THE PROG RAM FROM THE 51 TITLE 1 SCHOOLS AT BASELINE ASSESSMENT AND 1,484 STUDENTS PARTICIPATING AT THE YEAR END ASSESSMENT A TOTAL OF 15 SCHOOLS IN THE ST JOSEPH HOSPITAL PSA PARTICIPATE D IN THE PROGRAM THIS PAST SCHOOL YEAR IN ALL TITLE 1 SCHOOLS THE PERCENTAGE OF OBESE STU DENTS DECREASED FROM 25 5% AT BASELINE TO 23 8% OF STUDENTS AT YEAR END THE DATA INDICATE S A SHIFT FROM STUDENTS IN THE OBESE BMI CATEGORY TO THE OVERWEIGHT CATEGORY CHILDREN AND ADOLESCENTS WITH A WAIST CIRCUMFERENCE >90 PERCENTILE FOR AGE AND GENDER ARE AT SIGNIFICA NT RISK FOR OBESITY RELATED CO-MORBIDITIES THE PERCENTAGE OF TITLE 1 SCHOOL STUDENTS WITH WAIST CIRCUMFERENCES >90 DECREASED FROM 20 6% OF STUDENTS ASSESSED AT BASELINE TO 17 8% O F STUDENTS ASSESSED AT YEAR END QUANTIFIABLE COMMUNITY BENEFIT IN FY 10, ST JOSEPH HOSPI TAL CONTRIBUTED OVER \$18 million IN UNSPONSORED QUANTIFIABLE COMMUNITY BENEFIT TRADITIONA L CHARITY CARE \$5,025,392 UNREIMBURSED MEDICAID \$34,390,341 UNREIMBURSED COSTS- OTHER MEAN S TESTED GOVERNMENT PROGRAMS \$3,812,226 COMMUNITY SERVICES FOR THE LOW-INCOME \$7,630,382 C OMMUNITY SERVICES FOR THE BROADER COMMUNITY \$4,348,907 IN ALIGNMENT WITH CATHOLIC HEALTH A SSOCIATION COMMUNITY BENEFIT REPORTING GUIDELINES UNPAID COST FOR MEDICARE PATIENTS \$35,35 9,195 COMMUNITY SERVICES FOR THE BROADER COMMUNITY \$4,348,907 IN ALIGNMENT WITH CATHOLIC H EALTH A SSOCIATION COMMUNITY BENEFIT REPORTING GUIDELINES UNPAID COST FOR MEDICARE PATIENTS REPORTED ON FY 10 CBISA \$35,359,195 FOR MORE INFORMATION ON ST JOSEPH HOSPITAL OF ORANGE GO TO WWW SJO ORG FOR MORE INFORMATION ON ST JOSEPH HEALTH SY STEM GO TO WWW STJOE ORG F OR MORE INFORMATION ON ST JOSEPH HEALTH SY STEM GO TO WWW STJOE ORG</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, QUESTION 6	ST JOSEPH HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF ST JOSEPH HOSPITAL OF ORANGE De scription of Classes of Persons and the Nature of Their Rights Form 990, Part VI, Question 7A ST JOSEPH HOSPITAL OF ORANGE HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS R ESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HOSPITAL ORANGE BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE ST JOSEPH HOSPITAL ORANGE BOARD AS NOMINATIONS MUST BE AP PROVED BY THE ST JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBER, AND THE ST JOSEPH HEALTH MINISTRY , AS THE ORGANIZATIONAL SPONSOR

Identifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 7B	THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOS EPH HEALTH SY STEM MEMBER OF FINANCING, BUDGETS, UN-BUDGETED EXPENDITURES OF DEFINED AMOUNT S, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY , JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY , MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF A RTICLES OR BYLAWS

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, QUESTION 11	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AS APPLICABLE THE FORM 990 IS THEN REVIEWED BY AN OFFICER(S) OF THE ORGANIZATION A COPY OF THE FORM 990 FILING IS THEN DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE APRIL 2011 MEETING DURING THE BOARD COMMITTEE MEETING, MANAGEMENT PRESENTS AND DISCUSSES CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE BOARD COMMITTEE CHAIR THEN PROVIDES A SUMMARY AT THE FULL BOARD MEETING

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ON THE CONFLICT OF INTEREST DISCLOSURE FORM THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL C ONFLICT OF INTEREST HE/SHE MAY HAVE. ADDITIONALLY, DISCLOSURES SHALL BE MADE PROMPTLY ANYT IME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMAT ION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS SUBJECT OF THE POTENTIAL CONFLICT O F INTEREST. WHEN A CONFLICT OF INTEREST IS IDENTIFIED, SUCH CONFLICT IS DISCLOSED TO THE S t Joseph Hospital of Orange Board. IF THE CONFLICT INVOLVES A MEMBER OF THAT COMMITTEE, T HE REMAINING COMMITTEE MEMBERS WILL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. THE OFFICER, TRUSTEE, OR KEY EMPLOYEE MAY NOT BE PRESENT DURING ANY MEETI NG IN WHICH THE COMMITTEE CONDUCTS IS EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NEC ESSARY. ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALU ATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER. IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES. THE SJHS CHIEF COMPLIANCE OFFICER I N CONSULTATION WITH SJHS GENERAL COUNSEL WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIO NS, AND MITIGATION STRATEGIES AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE.

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, QUESTION 15A & 15B	THE EXECUTIVE COMPENSATION PROCESS AT ST. JOSEPH HEALTH SYSTEM IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES. THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY. THE CHARTER EMPOWERS THE SJHS BOARD WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF SJHS. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS THE RETENTION OF KEY MANAGEMENT TALENT. THE SJHS EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS. SJHS PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS. TO FULFILL THEIR RESPONSIBILITY, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA. THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM. THE WORKLIFE COMMITTEE IS COMPRISED OF SEVERAL INDEPENDENT MEMBERS OF THE BOARD. THEY MEET AT LEAST 3 TIMES A YEAR AND MAKE ALL CRITICAL DECISIONS IN EXECUTIVE SESSION. THESE DECISIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS. THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT AS NEEDED. THE WORKLIFE COMMITTEE PERFORMED ITS LAST COMPENSATION REVIEW FOR ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER IN JUNE 2010.

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY , & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINAN CIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	DURING THE TAX YEAR 2009 LARRY AINSWORTH SERVED AS CEO OF ST JOSEPH HOSPITAL OF ORANGE (S JOO) ALTHOUGH HE IS COMPENSATED BY THE TAX-EXEMPT PARENT, ST JOSEPH HEALTH SY STEM (SJHS) , HE DEVOTES 50 HOURS PER WEEK TO SJOO AND NO HOURS TO SJHS JOSEPH RANDOLPH SERVES AS TRU STEE and Ex Officio Member OF ST JOSEPH HOSPITAL OF ORANGE (SJOO) HE IS COMPENSATED BY T HE TAX-EXEMPT PARENT, ST JOSEPH HEALTH SY STEM (SJHS), HE DEVOTES 2 HOURS PER WEEK TO SJOO AND 50 HOURS TO SJHS

Identifier	Return Reference	Explanation
OVERSIGHT OR SELECTION PROCESS	FORM 990, PART XI, QUESTION 2C	THE ST JOSEPH HEALTH SYSTEM BOARD APPROVES THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	FORM 990, SCHEDULE R, PART V, LINE 2	THE AMOUNTS REPORTED ON SCHEDULE R, PART V, LINE 2 ARE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING

Identifier	Return Reference	Explanation
SECTION 409A RELIEF UNDER SECTION V D OF IRS NOTICE 2008-113	OPERATIONAL DEFECTS	<p>(A) NAME AND SOCIAL SECURITY NUMBERS OF AFFECTED PARTICIPANTS NOT APPLICABLE (B) THE 409 A FAILURE OCCURRED WITH RESPECT TO THE ST JOSEPH HEALTH SYSTEM 457(F) PLAN ("PLAN") (C) OPERATIONAL DEFECT (1) IN FEBRUARY 2010 IT WAS DISCOVERED THAT THE PLAN FAILED TO COMPLY WITH 409A BECAUSE IT PROVIDED FOR IMPERMISSIBLE ALTERNATIVE PAYMENT SCHEDULES FOR VOLUNTARY AND INVOLUNTARY SEPARATIONS FROM SERVICE AND DID NOT SPECIFY THAT PAYMENT WILL BE MADE ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE A SIGNED NON-COMPETE AGREEMENT IN ACCORDANCE WITH VI B, VII C AND XI A OF NOTICE 2010-6, THE PLAN WAS AMENDED EFFECTIVE AS OF JANUARY 1, 2009 TO APPLY THE TIMING RULE APPLICABLE TO INVOLUNTARY TERMINATIONS TO VOLUNTARY TERMINATIONS AND TO PROVIDE THAT PAYMENT WILL BE MADE ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE A SIGNED NON-COMPETE AGREEMENT THIS AMENDMENT WAS SIGNED BY THE EMPLOYER ON OCTOBER 6, 2010 THEREFORE, THE DATE ON WHICH THE FAILURE OCCURRED WAS THE 60TH DAY FOLLOWING THE PARTICIPANT SEPARATION FROM SERVICE DATE FOR THE FOLLOWING PARTICIPANTS WHO VOLUNTARILY TERMINATED ON OR AFTER JANUARY 1, 2009 AND ON OR BEFORE DECEMBER 31, 2009 THE PLAN COVERS ELIGIBLE EMPLOYEES OF PARTICIPATING EMPLOYERS ST JOSEPH HOSPITAL, ORANGE PARTICIPATES IN THE PLAN HOWEVER, NONE OF ITS EMPLOYEES VOLUNTARILY TERMINATED IN 2009 OR 2010 OPERATIONAL DEFECT (2) IN 2010 IT WAS DISCOVERED THAT 3 PARTICIPANTS, EMPLOYED BY OTHER PARTICIPATING EMPLOYERS, WERE NOT TIMELY PAID THEIR PLAN ACCOUNTS FOLLOWING INVOLUNTARY TERMINATIONS IN 2009, AS REQUIRED BY THE PLAN USUALLY, SUCH DISTRIBUTIONS ARE MADE WITHIN 30 DAYS FOLLOWING THE INVOLUNTARY TERMINATION DATE THEREFORE, THE DATE ON WHICH THE FAILURE OCCURRED WAS THE 30TH DAY FOLLOWING THE INVOLUNTARY TERMINATION DATE THE PLAN'S ADMINISTRATIVE PROCEDURES HAVE BEEN REVIEWED TO ASSURE THAT IN THE FUTURE PLAN BENEFITS ARE PAID PROMPTLY AFTER ALL INVOLUNTARY TERMINATIONS ST JOSEPH HOSPITAL, ORANGE DID NOT HAVE ANY EMPLOYEES WHO WERE INVOLUNTARILY TERMINATED AND NOT TIMELY PAID THEIR PLAN BENEFIT (D) THE PLAN QUALIFIED FOR RELIEF UNDER VI B, VII C AND XI A OF IRS NOTICE 2010-6 AND ON OCTOBER 6, 2010, A PLAN AMENDMENT WAS SIGNED THE AMENDMENT PROVIDES THAT EFFECTIVE AS OF JANUARY 1, 2009, ALL BENEFITS WILL BE PAID IMMEDIATELY UPON AN INVOLUNTARY SEPARATION FROM SERVICE (CURRENTLY THE STATUS QUO) AND ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE A SIGNED NON-COMPETE AGREEMENT ANY PARTICIPANT WHO VOLUNTARILY SEPARATED FROM SERVICE ON OR AFTER JANUARY 1, 2009 AND ON OR BEFORE DECEMBER 31, 2009 WAS PAID HIS CURRENT PLAN ACCOUNT BALANCE AFTER THE DATE THE AMENDMENT WAS SIGNED, BUT REDUCED FOR ANY INTEREST EARNED IN 2010 (IF ANY) AS ALLOWED BY NOTICE 2010-80, THE EMPLOYER SIGNED AN AMENDMENT ON DECEMBER 20, 2010 TO PROVIDE THAT PAYMENT WILL NO LONGER BE REQUIRED ON THE 60TH DAY FOLLOWING A VOLUNTARY SEPARATION FROM SERVICE, BUT WITHIN 60 DAYS FOLLOWING THE VOLUNTARY SEPARATION FROM SERVICE HOWEVER, IF THE 60TH DAY FALLS IN THE SUBSEQUENT TAX YEAR, PAYMENT WILL BE MADE IN THE SUBSEQUENT TAX YEAR THE PLAN'S ADMINISTRATIVE PROCEDURES HAVE BEEN CHANGED TO PAY PLAN ACCOUNTS IMMEDIATELY FOLLOWING A PARTICIPANT'S INVOLUNTARY SEPARATION FROM SERVICE (CURRENTLY THE STATUS QUO) AND WITHIN 60 DAYS FOLLOWING A VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE A SIGNED NON-COMPETE AGREEMENT AND SUBJECT TO THE REQUIREMENT THAT IF THE 60TH DAY FALLS IN THE SUBSEQUENT TAX YEAR THEN PAYMENT WILL BE MADE IN THE SUBSEQUENT TAX YEAR (E) THESE OPERATIONAL FAILURES ARE ELIGIBLE FOR THE CORRECTION UNDER THE TERMS OF IRS NOTICE 2008-113 AND THE EMPLOYER HAS TAKEN ALL ACTIONS REQUIRED, AND OTHERWISE MET ALL REQUIREMENTS, FOR SUCH CORRECTION</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
COMPREHENSIVE IMAGING PARTNERS OF OC											
ONE CITY BLVD WEST SUITE 1100 ORANGE, CA92868 26-4591502	IMAGING SERVICES	CA	NA	RELATED	-437,227	1,465,526		No	0	Yes	

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
ST JOSEPH PROF SVCS ENTERPRISES INC 500 S MAIN STREET SUITE 700 ORANGE, CA928684507 33-0155323	HEALTHCARE SVCS	CA	SJHS	C-CORP	0	0	0 %
ST JOSEPH DIVERSIFIED VENTURES INC 500 S MAIN STREET SUITE 700 ORANGE, CA92868 33-0148989	HEALTHCARE SVCS	CA	SJHS	C-CORP	0	0	0 %
AMERICAN UNITY GROUP LTD 58 PAR-LA-VILLE ROAD HAMILTON HM HX BD	CAPTIVE INSURANCE	BD	SJHS	C-CORP	0	0	0 %

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

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

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

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

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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
ST JOSEPH HEALTH SYSTEM 500 S MAIN STREET STE 700 ORANGE, CA92868 95-3589356	HEALTHCARE	CA	501(C)3	11, I	NA
COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX79410 75-2765566	HEALTHCARE	TX	501(C)3	3	SJHS
ST JOSEPH HEALTH SYSTEM FOUNDATION 500 S MAIN STREET SUITE 1000 ORANGE, CA92868 33-0143024	HEALTHCARE	CA	501(C)3	7	SJHS
ST JOSEPH HEALTH MINISTRY 500 S MAIN STREET SUITE 400 ORANGE, CA92868 27-1666576	RELIGIOUS ORg	CA	501(C)3	1	NA
SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA92868 95-1643383	RELIGIOUS ORg	CA	501(C)3	1	NA
QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA94558 94-1243669	HEALTHCARE	CA	501(C)3	3	SJHS
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA95405 94-1231005	HEALTHCARE	CA	501(C)3	3	SJHS
ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA95501 94-1156596	HEALTHCARE	CA	501(C)3	3	SJHS
REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA95540 94-1384665	HEALTHCARE	CA	501(C)3	3	SJHS
ST JUDE MEDICAL CENTER 101 EAST VALENCIA MESA DRIVE FULLERTON, CA92835 95-1643325	HEALTHCARE	CA	501(C)3	3	SJHS
MISSION HOSPITAL REGIONAL MEDICAL CENTER 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA92691 95-1643360	HEALTHCARE	CA	501(C)3	3	SJHS
ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA92307 95-1914489	HEALTHCARE	CA	501(C)3	3	SJHS
ST JOSEPH HERITAGE HEALTHCARE 279 E IMPERIAL HIGHWAY FULLERTON, CA92835 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOME CARE NETWORK 170 PROFESSIONAL CENTER DRIVE B ROHNERT PARK, CA94928 68-0331084	HEALTHCARE	CA	501(C)(3)	3	SJHS

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 HEALTH SYSTEM FOUNDATION	B	3,353,568
(2)	ST JOSEPH HEALTH SYSTEM FOUNDATION	C	3,560,248
(3)	QUEEN OF THE VALLEY MEDICAL CENTER		0
(4)	SANTA ROSA MEMORIAL HOSPITAL		0
(5)	ST JOSEPH HOSPITAL OF EUREKA		0
(6)	REDWOOD MEMORIAL HOSPITAL		0
(7)	ST JUDE MEDICAL CENTER		0
(8)	MISSION HOSPITAL REGIONAL MEDICAL CENTER		0
(9)	ST MARY MEDICAL CENTER		0
(10)	COVENANT HEALTH SYSTEM		0
(11)	ST JOSEPH PROFESSIONAL SERVICES ENTERPRISES		0
(12)	ST JOSEPH DIVERSIFIED VENTURES INC		0
(13)	AMERICAN UNITY GROUP		0
(14)	ST JUDE HOSPITAL YOEBALINDA		0
(15)	ST JOSEPH HOME CARE NETWORK		0
(16)	COMPREHENSIVE IMAGING PARTNERS OF OC		0

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return ST JOSEPH HOSPITAL OF ORANGE	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 95-1643359
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	7,132

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	7,132
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25						
26 Property used more than 50% in a qualified business use														
			%											
			%											
			%											
27 Property used 50% or less in a qualified business use														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39 Do you treat all use of vehicles by employees as personal use?												
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)												
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles												

Part VI Amortization

(a) Description of costs		(b) Date amortization begins	(c) Amortizable amount		(d) Code section	(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)									
43 A mortization of costs that began before your 2009 tax year						43			
44 Total. Add amounts in column (f) See the instructions for where to report						44			

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY AINSWORTH PRESIDENT/CEO	50 0	X		X				0	909,908	43,734
CONNIE BARTLETT DO TRUSTEE	2 0	X						0	0	0
PAUL BECK MD TRUSTEE, VICE CHIEF OF STAFF	11 0	X						47,110	0	0
DICK FRANKEL TRUSTEE	2 0	X						0	0	0
MIKE IMMELL TRUSTEE, Vice Chair	5 0	X						0	0	0
JIM HARMON TRUSTEE	2 0	X						0	0	0
SR JUDITH FERGUS TRUSTEE	2 0	X						0	0	0
MARTY JURICK TRUSTEE, Committee Chair	4 0	X						0	0	0
SR THERESA LAMETTERY TRUSTEE, Board Chair, Comm Chair	5 0	X						0	0	0
SR NADINE MCGUINNESS TRUSTEE	2 0	X						0	0	0
ROSE LIEGLER TRUSTEE, Committee Chair	4 0	X						0	0	0
BILL MACALONEY TRUSTEE	2 0	X						0	0	0
GEORGE MORO MD TRUSTEE, CHIEF OF STAFF	11 0	X						68,559	0	0
LISA PERRINE TRUSTEE, Committee Chair	4 0	X						0	0	0
JOSEPH RANDOLPH TRUSTEE, Ex Officio Member	2 0	X						0	1,204,755	51,966
SR JOANN TABOR TRUSTEE	2 0	X						0	0	0
ERNIE TOWNSEND TRUSTEE	2 0	X						0	0	0
SR SUSAN TREZEK TRUSTEE, Committee Chair	4 0	X						0	0	0
PETER VILLEGAS TRUSTEE, Committee Chair	4 0	X						0	0	0
JOE WILKINS TRUSTEE	2 0	X						0	0	0
MARC ZEPEDA MD TRUSTEE	2 0	X						1,000	0	0
ASHOK KAR MD TRUSTEE	2 0	X						169,400	0	0
ALAN GARRETT EXECUTIVE VP, COO	50 0			X				628,676	0	48,036
TINA MYCROFT CFO	50 0			X				399,390	0	42,324
CATHERINE SKELTON V P , PATIENT CARE SERVICES	50 0				X			441,397	0	27,284

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS HILL V P , OPERATIONS	50 0				X			392,325	0	38,209
KEVIN LUNDON V P , OPERATIONS	50 0				X			382,932	0	37,973
LAWRENCE WAGMAN MD EXECUTIVE MEDICAL DIRECTOR	50 0					X		764,530	0	22,580
RAYMOND CASCIARI MD CHIEF MEDICAL OFFICER	50 0					X		440,946	0	31,772
JULIANNE HOLT VP FOUNDATION/FUNDRAISING	50 0					X		337,674	0	37,508
MARY LEAHY VP HUMAN RESOURCES	50 0					X		309,656	0	35,812
LINDA SIMON VP SPONSORSHIP	50 0					X		295,921	0	34,948

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICES	622,110	599,333,203	599,333,203		
MOB AND AFFILIATE RENTAL INCOME	531,120	9,249,566	9,249,566		
CAFETERIA	722,310	2,037,939	2,037,939		
OTHER OPERATING REVENUE	900,099	2,673,839	2,606,927	66,912	
CHOC REVENUE	622,110	190,894	190,894		

Additional Data

Software ID:
Software Version:
EIN: 95-1643359
Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COSTING METHODOLOGY USED IS AS FOLLOWS THE INTERNAL COST ACCOUNTING SYSTEM IS USED TO ALLOCATE DIRECT COSTS AND INDIRECT COSTS TO EACH INDIVIDUAL CHARGE CODE AS PATIENT SEGMENT DATA IS COLLECTED THE RELATED COSTS (BOTH DIRECT AND INDIRECT) ARE MATCHED AND COLLECTED WORKSHEET 2 IS NOT USED IN THE CALCULATION

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BAD DEBT EXPENSE OF \$32,228,954 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR THE PURPOSE OF CALCULATING THE PERCENTAGE OF NET COMMUNITY BENEFIT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

FINANCIAL STATEMENT FOOTNOTE DESCRIBING BAD DEBT THE ORGANIZATION RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED AND OTHERS ARE FROM VARIOUS PAYORS WHO ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS, AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE ORGANIZATION THE ORGANIZATION CONTINUALLY MONITORS AND ADJUSTS THE RESERVES ASSOCIATED WITH RECEIVABLES THE ORGANIZATION ESTIMATES BAD DEBT EXPENSE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON HISTORICAL COLLECTION EXPERIENCE BAD DEBT REPORTED ON LINE 2 IS CALCULATED BY USING THE FOLLOWING COST ACCOUNTING METHODOLOGY TOTAL BAD DEBT EXPENSE \$32,228,954 DIVIDED BY COST TO CHARGE RATIO 23 33% EQUALS BAD DEBT EXPENSE AT COST 7,519,015 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

AS A CATHOLIC HEALTH CARE MINISTRY, THE ORGANIZATION FOLLOWS THE CATHOLIC HEALTH ASSOCIATION'S COMMUNITY BENEFIT REPORTING GUIDELINES AND THEREFORE DOES NOT REPORT MEDICARE AS A COMMUNITY BENEFIT. MEDICARE ALLOWABLE COST REPORTED ON LINE 6 IS DETERMINED BASED ON AMOUNTS REPORTED ON SJO'S MEDICARE COST REPORT IN ACCORDANCE WITH IRS INSTRUCTIONS. MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST-TO-CHARGE RATIO.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMS AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIES FOR CHARITY CARE ALL ACCOUNTS ARE SCREENED FOR CHARITY CARE ELIGIBILITY USING CRITERIA THAT CONSIDERS INSURANCE COVERAGE, CREDIT RATING, PAYMENT ACTIVITY, AND VALID SOCIAL SECURITY NUMBER AND/OR ACCURATE RESIDENCE ADDRESS

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

THE HOSPITAL PARTICIPATES IN AN EXISTING COMMUNITY-BASED ASSESSMENT PROCESS, THE ORANGE COUNTY HEALTH NEEDS ASSESSMENT (OCHNA) THE OCHNA HOUSEHOLD SURVEY IS CONDUCTED TO OBTAIN DETAILED DATA REGARDING GENERAL HEALTH STATUS, AND HEALTH CARE USE, NEEDS, QUALITY, AND ACCESS FOR RESIDENTS OF ORANGE COUNTY, CALIFORNIA THE GOAL OF OCHNA IS TO ACHIEVE AND PRODUCE A VALID AND RELIABLE HEALTH ASSESSMENT IN ORDER TO PROVIDE HOSPITALS WITH THE INFORMATION THAT THEY NEED TO BETTER SERVE THEIR POPULATIONS DATA IS COLLECTED BY ZIP CODE, ALLOWING FOR ANALYSIS BY REGIONS OF THE COUNTY AND HOSPITAL SERVICE AREAS THIS PROCESS IS THE BASIS FOR THE COUNTYWIDE REPORT THAT IS MADE AVAILABLE TO THE LARGER COMMUNITY OF HEALTH AND HUMAN SERVICE PROVIDERS THE OCHNA SURVEY IS CONDUCTED EVERY 3 YEARS CRITERIA USED FOR SELECTING KEY INITIATIVES AND PROGRAMS FOLLOWS THE OUTCOME FROM THE NEEDS ASSESSMENT PROCESS THE COMMUNITY BENEFIT COMMITTEE PARTICIPATES IN A PLANNING SESSION THE GOAL IS TO PRIORITIZE AND RANK KEY INITIATIVES TO SET FORTH THE FOCUS FOR THE THREE-YEAR COMMUNITY BENEFIT PLAN BOTH THE COMMUNITY BENEFIT PLAN AND THE NEEDS ASSESSMENT RESULTS ARE MADE AVAILABLE TO THE COMMUNITY ON THE HOSPITAL'S WEBSITE

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

THE ORGANIZATION POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM. NOTICES ARE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS. NOTICES ARE ALSO POSTED AT LOCATIONS WHERE A PATIENT MAY PAY THEIR BILL. NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT CAN OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE. THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA. ALL PATIENTS WHO DEMONSTRATE LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS ARE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND IS OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE. SPECIAL PROGRAMS- ST. JOSEPH HOSPITAL PROVIDES OUTREACH AND ENROLLMENT ASSISTANCE TO UNINSURED LOW INCOME CHILDREN IN ORANGE COUNTY. SINCE 2005, THE MEDIKIDS PROGRAMS HAS PROVIDED OUTREACH, ENROLLMENT ASSISTANCE, CARE COORDINATION, MEDICAL HOME CONFIRMATION AND RE-ENROLLMENT SERVICES TO UNINSURED LOW INCOME CHILDREN. IN FY 10, TOGETHER WITH COMMUNITY PARTNERS, 11,423 CHILDREN WERE ASSISTED IN ORANGE COUNTY.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

ORANGE COUNTY DOES NOT HAVE A COUNTY HOSPITAL TO PROVIDE SERVICES TO LOW-INCOME FAMILIES. SJH PROVIDES COMPREHENSIVE CARE TO SOME OF THE POOREST COMMUNITIES IN SOUTHERN CALIFORNIA. THE SJH SERVICE AREA INCLUDES NEIGHBORHOODS THAT REPRESENT THE CUTTING EDGE OF IMMIGRATION (ONE OF THE MAJOR DEMOGRAPHIC TRENDS SHAPING THE U.S. FUTURE) AND IS THE 5TH MOST DIVERSE IN THE COUNTRY. SJH'S COMMUNITY BENEFIT SERVICE AREA (CBSA) IS COMPRISED OF 31 NORTH AND CENTRAL ORANGE COUNTY ZIP CODES IN THE CITIES OF ANAHEIM, GARDEN GROVE, ORANGE, SANTA ANA, TUSTIN, WESTMINSTER, COSTA MESA, HUNTINGTON BEACH, FULLERTON AND STANTON, CALIFORNIA. THE CBSA ENCOMPASSES GEOGRAPHIC REGIONS (ZIP CODE SPECIFIC) THAT IDENTIFY RESIDENCY OF THE POPULATIONS SERVED BY OUR COMMUNITY BENEFIT PROGRAMS. THESE POPULATIONS/COMMUNITIES ARE ALL CONSIDERED DISPROPORTIONATE UNMET HEALTH NEEDS (DUHN) POPULATIONS EVIDENCED BY THE DEMOGRAPHIC INFORMATION WE COLLECT PRIOR TO RENDERING SERVICES. THE POPULATION IS YOUNG, WITH A MEDIAN AGE OF 30.4 YEARS. 70% OF HOUSEHOLDS ARE OCCUPIED BY FAMILIES. THESE MARKETS HAVE A HIGH PROPORTION OF IMMIGRANTS. ALMOST 45% OF THE POPULATION IS HISPANIC AND 1 IN 9 RESIDENTS ARE ASIAN. 82% OF THESE HOUSEHOLDS DERIVE INCOME FROM WAGES. THE SJH'S ANNUAL MARKET ASSESSMENT 2008 REPORTS THAT THE AVERAGE HOUSEHOLD SIZE IS 4.7 INDIVIDUALS PER HOUSEHOLD IN THE CITY OF SANTA ANA. IT IS IMPORTANT TO NOTE THAT THIS DATA DOES NOT ACCOUNT FOR THE UNREPORTED HOUSEHOLDS WHERE MULTIPLE FAMILIES RESIDE IN VARIOUS ARRANGEMENTS THROUGHOUT THE DWELLING (I.E., CONVERTED GARAGES, LIVING ROOMS AND DINING ROOMS CONVERTED INTO MAKESHIFT BEDROOMS). SANTA ANA IS A CITY DETERMINED BY THE NELSON A. ROCKEFELLER INSTITUTE OF GOVERNMENT IN THEIR MOST RECENT UPDATE ON URBAN HARDSHIP AS BEING THE MOST DIFFICULT URBAN AREA IN THE UNITED STATES IN WHICH TO LIVE. ACCORDING TO OCHNA, 74.8% (2,294,423) OF THE ORANGE COUNTY POPULATION LIVES IN THE SJH SERVICE AREA. 25.5% (588,594) OF THE POPULATION ARE UNDER 18 YEARS OF AGE. 28% OF RESIDENTS IN SPEAK SPANISH AT HOME. 13.7% OF RESIDENTS SPEAK AN ASIAN OR PACIFIC ISLAND LANGUAGE. THE CITIES OF ANAHEIM, GARDEN GROVE, MIDWAY CITY, SANTA ANA AND STANTON ALL HAVE MEDIAN HOUSEHOLD INCOME LESS THAN \$60,000. OVER 1 IN 3 RESIDENTS HAVE AN INCOME OF LESS THAN \$50,000. APPROXIMATELY, 24% OF NON-ELDERLY ADULTS AND 12% OF CHILDREN ARE WITHOUT ANY FORM OF HEALTH CARE COVERAGE. NEARLY 34% OF CHILDREN ARE ESTIMATED TO BE AT RISK FOR BEING OVERWEIGHT. SJH'S ROLE IN PROVIDING A HEALTH CARE SAFETY NET FOR UNINSURED PERSONS INCLUDES FUNDING A PRIMARY CARE FIXED SITE CLINIC AND A MEDICAL MOBILE CLINIC. IN ADDITION, TO ADDRESS THE HIGH DEMAND OF UNINSURED PERSONS COMING TO THE EMERGENCY DEPARTMENT FOR HEALTH CARE NEEDS THAT EXTEND BEYOND PRIMARY CARE, SJH HAS A CONTRACT WITH A HOSPITALIST GROUP TO PROVIDE ER COVERAGE FOR THIS POPULATION. THE CARE FOR THE POOR COMMITTEE, A COMMITTEE OF THE SJH FOUNDATION (A DEPARTMENT OF SJH) IS DEDICATED TO RAISING FUNDS STRICTLY FOR THE UNINSURED POPULATION SERVED BY OUR COMMUNITY CLINICS. IN FY 10, THE COMMITTEE RAISED \$62,394. IN ADDITION, THE HOSPITAL FOUNDATION RAISED A TOTAL OF \$1,484,205. IN DECEMBER 2010, THE SJH FOUNDATION RECEIVED A \$500,000 PERMANENTLY RESTRICTED ENDOWMENT TO FUND OUR COMMUNITY CLINICS.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

THE SJH COMMUNITY BENEFIT COMMITTEE, A SUB-COMMITTEE OF THE HOSPITAL'S BOARD OF TRUSTEES SUPPORTS THE BOARD IN OVERSEEING COMMUNITY BENEFIT IN ACCORDANCE WITH A BOARD-APPROVED CHARTER. THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF TRUSTEES CONSISTS OF AT LEAST EIGHT MEMBERS. AT LEAST THREE MEMBERS ARE SJH BOARD MEMBERS. THE MAJORITY OF THE COMMITTEE CONSISTS OF MEMBERS FROM THE COMMUNITY WHO HAVE KNOWLEDGE OR EXPERIENCE WITH POPULATIONS WHO HAVE DISPROPORTIONATE UNMET HEALTH NEEDS (DUHN). THE COMMUNITY BENEFIT COMMITTEE IS CHARGED WITH THE FOLLOWING: DEVELOP POLICIES AND PROGRAMS TO ADDRESS THE IDENTIFIED NEEDS OF THE HOSPITAL'S SERVICE AREA WITH PARTICULAR ATTENTION TO DUHN COMMUNITIES; OVERSEE THE DEVELOPMENT AND IMPLEMENTATION OF A COMMUNITY NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN EVERY THREE YEARS AS WELL AS ANNUAL UPDATE; OVERSEE AND PROVIDE GENERAL DIRECTION TO THE HOSPITAL'S COMMUNITY BENEFIT ACTIVITIES INCLUDING BUDGETING DECISIONS, PROGRAM CONTENT, PROGRAM DESIGN, GEOGRAPHIC/POPULATION TARGETING, PROGRAM CONTINUATION/TERMINATION, FUND DEVELOPMENT SUPPORT AND COMMUNITY WIDE ENGAGEMENT. FURTHERMORE, THE HOSPITAL'S RESPONSIVENESS TO COMMUNITY NEEDS INCLUDES COLLABORATIVE PARTNERSHIPS WITH SERVICE PROVIDERS TO IMPROVE COMMUNITY HEALTH AND WELL-BEING. AN EXAMPLE OF SUCH EFFORTS IS THE CHILDREN'S HEALTH ACCESS PROGRAM. THIS PARTNERSHIP INCLUDES PRIVATE AND PUBLIC PARTNERS. THE GOAL OF THE PROGRAM IS TO ASSIST FAMILIES TO ENROLL THEIR CHILDREN IN AFFORDABLE HEALTH INSURANCE PROGRAMS AND PROVIDE CARE COORDINATION TO ENSURE ACCESS AND UTILIZATION. TOGETHER WITH COMMUNITY PARTNERS, SJH HAS ASSISTED A TOTAL OF 11,423 CHILDREN COUNTY WIDE. SJH ALSO PROVIDED IN-KIND, A FULL-TIME HEALTH CARE ACCESS COORDINATOR TO ASSIST IN THE TRANSITIONAL PLAN FOR ORANGE COUNTY'S CHILDREN'S HEALTH INITIATIVE. SJO UTILIZES ITS SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND ITS FACILITIES AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH PROGRAMS IN FURTHERANCE OF ITS EXEMPT PURPOSE. CONTROL OF THE HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES, WHICH IS COMPOSED OF INDEPENDENT CIVIC LEADERS. SJO MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS. SJO OPERATES AN ACTIVE AND GENERALLY ACCESSIBLE EMERGENCY ROOM. IN ADDITION, IN FY2010 THE SJHS SYSTEM OFFICE ADVOCACY DEPARTMENT, ADVOCATED FOR THE STATEWIDE PROMOTION OF CHILDHOOD FITNESS AND AWARENESS OF THE HEALTHY FOR LIFE PROGRAM. SENATOR LOU CORREA INTRODUCED SCR77 ENTITLED CHILDHOOD OBESITY PREVENTION AND FITNESS WEEK. THE CALIFORNIA SENATE APPROVED SCR77 ON A 23 TO 5 VOTE.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

GIVING BACK TO THE COMMUNITY PERMEATES EVERY ASPECT OF OUR ORGANIZATION AS A MEMBER OF THE FAITH-BASED HEALTHY MINISTRY OF ST JOSEPH HEALTH SYSTEM, WE HAVE A FUNDING STREAM TO ADDRESS THE NEEDS OF THE ECONOMICALLY POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE ON AN ANNUAL BASIS, 10 PERCENT OF OUR NET OPERATING INCOME IS DEVOTED TO FUND COMMUNITY PROGRAMS FOR THE ECONOMICALLY POOR THE ST JOSEPH HEALTH SYSTEM FOUNDATION, A MEMBER OF ST JOSEPH HEALTH SYSTEM, IS CHARGED WITH THE DISTRIBUTION OF THESE FUNDS IN ADDITION TO DEVOTING A PERCENTAGE OF OUR NET OPERATING INCOME TO COMMUNITY BENEFIT SERVICES FOR THE ECONOMICALLY POOR, WE STRIVE TO ANNUALLY BUDGET A PORTION OF OUR TOTAL OPERATING EXPENSES FOR HEALTHY COMMUNITIES AND COMMUNITY HEALTH EFFORTS ST JOSEPH HOSPITAL ORANGE IS A PART OF ST JOSEPH HEALTH SYSTEM OF ORANGE CALIFORNIA ST JOSEPH HEALTH SYSTEM (SJHS) IS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM PROVIDING A BROAD RANGE OF MEDICAL SERVICES THE SYSTEM IS ORGANIZED INTO THREE REGIONS--NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO - AND CONSISTS OF 14 ACUTE CARE HOSPITALS, AS WELL AS HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS THE MINISTRIES THAT COMPRISE SJHS OFFER A WIDE VARIETY OF SERVICES WITHIN EACH OF THE THREE REGIONS FROM WELL-ESTABLISHED ACUTE CARE HOSPITALS TO CLINICS IN NON-TRADITIONAL SETTINGS LIKE CLASS ROOMS, SJHS IS ESTABLISHING A "CONTINUUM OF CARE," THAT IS, A SYSTEM THAT LINKS AND COORDINATES AN ENTIRE SPECTRUM OF HEALTH SERVICES IN 1986, ST JOSEPH HEALTH SYSTEM ESTABLISHED THE SJHS FOUNDATION TO ASSIST PEOPLE UNABLE TO AFFORD HEALTH CARE SERVICES BY PROVIDING GRANTS TO NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS SJHS FOUNDATION FUNDING IS DISTRIBUTED ACCORDING TO THE FOLLOWING FORMULA o 75 CENTS OF EACH DOLLAR THE FOUNDATION RECEIVES FROM EACH LOCAL FACILITY IS RETURNED DIRECTLY TO FACILITY IT CAME FROM TO SUPPORT THE COMMUNITY BENEFIT PROJECTS IN THEIR COMMUNITIES o 7 5 CENTS IS DISTRIBUTED BY THE SJHS FOUNDATION ENDOWMENT o THE REMAINING 17 5 CENTS COLLECTED SUPPORTS o WELLNESS & PREVENTION GRANTS o DISASTER GRANTS o COMMUNITY BUILDING INITIATIVE o SJHS BOARD DESIGNATED FUND A SJH ANNUAL COMMUNITY BENEFIT REPORT IS SUBMITTED TO ST JOSEPH HEALTH SYSTEM AND THEN IS REVIEWED AND SUBMITTED TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT IN ALIGNMENT WITH CALIFORNIA SENATE BILL 697