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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 17,150,481 including grants of \$ 0) (Revenue \$ 28,518,483)

Management of long range health objectives and coordination of shared services and borrowings for St Joseph's Hospital, Inc and related entities

4b

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

4c

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

4d

Other program services (Describe in Schedule O)


















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

4e

Total program service expenses \$ 17,150,481

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . .	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> 	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> 	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? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	186			
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 (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Cathy Yoder 3003 W Dr Martin Luther King Jr Bl Tampa, FL 33607 (813) 870-4235	

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization’s tax year

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ISAAC MALLAH EX OFFICIO TRUSTEE AND PRSDNT	45 0	X		X				1,408,306	0	30,022
(2) MARY ARGHITTU TRUSTEE	1 0	X						0	0	0
(3) MICHAEL BOOHER TRUSTEE	1 0	X						0	0	0
(4) JOHN BORRECA TRUSTEE AND CHAIRMAN	1 0	X		X				0	0	0
(5) STEPHEN BUCKLEY TRUSTEE	1 0	X						0	0	0
(6) DONNA JORDAN TRUSTEE	1 0	X						0	0	0
(7) CAROLYN MCMULLEN TRUSTEE	1 0	X						0	0	0
(8) WALWIN METZGER TRUSTEE	1 0	X						0	0	0
(9) DOMENICK REINA TRUSTEE	1 0	X						0	0	0
(10) BRUCE RODWELL TRUSTEE AND VICE CHAIRMAN	1 0	X		X				0	0	0
(11) GLADYS SHARKEY TRUSTEE	1 0	X						0	0	0
(12) STEVE SMITH TRUSTEE	1 0	X						0	0	0
(13) DAVID STAMPS TRUSTEE	1 0	X						0	0	0
(14) WILLIAM WEST TRUSTEE	1 0	X						0	0	0
(15) ALBERT WHITAKER TRUSTEE	1 0	X						0	0	0
(16) LEE KIRKMAN TRUSTEE	1 0	X						0	493,379	33,672
(17) DEBORAH COAKLEY TRUSTEE	1 0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) RICK COLON TRUSTEE	1 0	X						0	0	0
(19) GENE MARSHALL TRUSTEE	1 0	X						0	0	0
(20) WINNIE MARVEL TRUSTEE	1 0	X						0	0	0
(21) ERIC OBECK TRUSTEE	1 0	X						0	0	0
(22) CATHY YODER CFO AND TREASURER	45 0			X				357,466	0	40,358
(23) BRENDA BALICKI SECRETARY	1 0			X				0	61,197	6,747
(24) MARK VAALER VP MEDICAL AFFAIRS - SJB	45 0					X		662,375	0	28,390
(25) LORRAINE LUTTON COO ST JOSEPHS HOSPITAL	45 0					X		527,098	0	33,865
(26) KIMBERLY GUY COO, SJWH & SJCH	45 0					X		431,953	0	43,854
(27) PATRICIA DONNELLY VP PATIENT CARE SERVICES - SJB	45 0					X		371,985	0	47,123
(28) PAULA MCGUINESS COO ST JOSEPH'S HOSP - NORTH	45 0					X		350,145	0	25,932
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,109,328	554,576	289,963

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶17

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

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
GRESHAM SMITH PARTNERS PO BOX 440029 NASHVILLE, TN 37244	ARCHITECTURE	2,746,774
NUANCE TRANSCRIPTION SVS INC PO BOX 7247-7343 PHILADELPHIA, PA 19170	TRANSCRIPTION SVCS	1,496,282
PICIS INC PO BOX 34960 SEATTLE, WA 981241960	Coding Services	578,299
FIRST CLASS SOLUTIONS INC 11426 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	MEDICAL CODING	420,792
ALEEDA MILNE 11759 SW 233RD TERRACE DUNNELLON, FL 34431	Transcription Svcs	420,666
2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶12		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		0				
Program Service Revenue			Business Code					
	2a	MANAGEMENT FEES	561110	28,426,645	28,426,645			
	b	RENTAL INCOME FROM AFFILIATES	532000	36,171	36,171			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		28,462,816				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		16,390,652			16,390,652	
	4	Income from investment of tax-exempt bond proceeds . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		837,452,128						
		818,720,695						
		18,731,433						
	d	Net gain or (loss)		18,731,433			18,731,433	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .		0				
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .		0				
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold . . .	b					
c	Net income or (loss) from sales of inventory . .		0					
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE	900099	35,659	35,647	12			
b	COMMUNITY AFFAIRS	900099	20,020	20,020				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		55,679					
12	Total revenue. See Instructions		63,640,580	28,518,483	12	35,122,085		

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	1,736,115		1,736,115	
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	9,711,529	8,275,290	1,436,239	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	685,831	584,403	101,428	
9	Other employee benefits	1,528,917	1,302,805	226,112	
10	Payroll taxes	571,039	485,017	86,022	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	444,817		444,817	
c	Accounting	19,648		19,648	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	2,122,846		2,122,846	
g	Other	2,249,932	2,165,756	84,176	
12	Advertising and promotion	5,916	5,916		
13	Office expenses	158,213		158,213	
14	Information technology	1,014,577	1,014,577		
15	Royalties	0			
16	Occupancy	139,093	92,523	46,570	
17	Travel	109,693		109,693	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	195	195		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,550,449	1,550,449		
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MANAGEMENT FEES	7,579,760		7,579,760	
b	MISCELLANEOUS EXPENSES	2,108,389	1,600,420	507,969	
c	MEDICAL SUPPLIES	73,130	73,130		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	31,810,089	17,150,481	14,659,608	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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				51,320,007	1	4,652,924
	2	Savings and temporary cash investments				0	2	0
	3	Pledges and grants receivable, net				0	3	0
	4	Accounts receivable, net				0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				0	5	0
	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				0	6	0
	7	Notes and loans receivable, net				0	7	0
	8	Inventories for sale or use				0	8	0
	9	Prepaid expenses and deferred charges				209,725	9	730,724
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	38,762,394				
	b	Less: accumulated depreciation	10b	27,062,476		8,692,228	10c	11,699,918
	11	Investments—publicly traded securities				315,756,432	11	348,862,723
	12	Investments—other securities. See Part IV, line 11				238,085,308	12	299,171,932
	13	Investments—program-related. See Part IV, line 11				2,104,853	13	2,062,295
	14	Intangible assets				0	14	0
	15	Other assets. See Part IV, line 11				0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)				616,168,553	16	667,180,516
Liabilities	17	Accounts payable and accrued expenses				3,323,421	17	2,908,896
	18	Grants payable				0	18	0
	19	Deferred revenue				0	19	0
	20	Tax-exempt bond liabilities				0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				0	22	0
	23	Secured mortgages and notes payable to unrelated third parties				0	23	0
	24	Unsecured notes and loans payable to unrelated third parties				0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				392,678,678	25	401,996,717
	26	Total liabilities. Add lines 17 through 25				396,002,099	26	404,905,613
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				220,166,454	27	262,274,903
	28	Temporarily restricted net assets				0	28	0
	29	Permanently restricted net assets				0	29	0
	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				220,166,454	33	262,274,903
	34	Total liabilities and net assets/fund balances				616,168,553	34	667,180,516

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,640,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,810,089
3	Revenue less expenses Subtract line 2 from line 1	3	31,830,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	220,166,454
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,277,958
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	262,274,903

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

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

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

- 1

☐

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)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ST JOSEPH'S HOSPITAL INC	590774199	03	Yes						17,150,481
Total									17,150,481

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
St Joseph's Health Care Center Inc

Employer identification number
59-2593686

Part I

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

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

Part II

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

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

☐ 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,817,011		7,817,011
b Buildings		79,342	1,763	77,579
c Leasehold improvements				
d Equipment		27,203,819	27,060,712	143,107
e Other		3,662,221	0	3,662,221
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				11,699,918

Schedule D (Form 990) 2011

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	63,640,580
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,810,089
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	31,830,491
4	Net unrealized gains (losses) on investments	4	-21,541,364
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	51,320
9	Total adjustments (net) Add lines 4 - 8	9	-21,490,044
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,340,447

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	11,564,874
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-21,541,364
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	-21,541,364
3	Subtract line 2e from line 1	3	33,106,238
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	30,534,342
c	Add lines 4a and 4b	4c	30,534,342
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	63,640,580

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,224,427
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	1,224,427
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	30,585,662
c	Add lines 4a and 4b	4c	30,585,662
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	31,810,089

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
Schedule D Supplemental Information		Schedule D, Part XI, Line 8 Change in net assets of foundation \$51,320 Schedule D, Part XII, Line 4b Revenues netted with expenses \$30,585,662 Change in net assets of foundation (\$51,320) Total \$30,534,342 Schedule D, Part XIII, Line 4b Revenues netted with expenses \$30,585,662

1

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

3 Enter total number of other organizations or entities ► _____

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Supplemental Information

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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's Health Care Center Inc	Employer identification number 59-2593686
----------------------------------------------------------------	----------------------------------------------

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) ISAAC MALLAH	(i)	758,264	318,624	331,418	21,610	8,412	1,438,328	130,088
	(ii)	0	0	0	0	0	0	0
(2) MARK VAALER	(i)	422,654	128,932	110,789	18,513	9,877	690,765	0
	(ii)	0	0	0	0	0	0	0
(3) LORRAINE LUTTON	(i)	317,624	100,587	108,887	21,610	12,255	560,963	17,847
	(ii)	0	0	0	0	0	0	0
(4) KIMBERLY GUY	(i)	302,438	98,106	31,409	33,837	10,017	475,807	0
	(ii)	0	0	0	0	0	0	0
(5) PATRICIA DONNELLY	(i)	261,133	79,092	31,760	39,245	7,878	419,108	0
	(ii)	0	0	0	0	0	0	0
(6) CATHY YODER	(i)	246,914	74,806	35,746	36,455	3,903	397,824	0
	(ii)	0	0	0	0	0	0	0
(7) PAULA MCGUINESS	(i)	218,616	71,792	59,737	21,610	4,322	376,077	0
	(ii)	0	0	0	0	0	0	0
(8) LEE KIRKMAN	(i)	0	0	0	0	0	0	0
	(ii)	424,543	65,272	3,564	21,610	12,062	527,051	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 Compensation Information		Schedule J, Part I, Line 3 The filing organization does not use any of the options listed in Schedule J, Part I, Line 3 to establish the compensation of the CEO/Executive Director. However, the related organization, BayCare Health System Inc, uses Compensation committee, Independent compensation consultant, Written employment contract, Compensation survey or study and Approval by the board or compensation committee as a means to establish the CEO's compensation of the filing organization. Supplemental Compensation Information Schedule J, Part I, Line 4b Isaac Mallah - Participated in a supplemental nonqualified deferred compensation plan. He became 100% vested in his benefits in 2011. He had \$275,389 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. The plan made cash distribution of \$100,379 in 2011. Cathy Yoder - Participated in a supplemental nonqualified deferred compensation plan. She had \$25,841 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. She had \$24,417 of nonvested benefits accrue during 2011. This amount is included in Part II Column C. The plan made cash distribution of \$9,419 in 2011. Mark Vaaler - Participated in a supplemental nonqualified deferred compensation plan. He had \$80,623 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. He had an additional \$6,263 of nonvested benefits accrue during 2011. This amount is included in Part II Column C. The plan made cash distribution of \$29,387 in 2011. Lorraine Lutton - Participated in a supplemental nonqualified deferred compensation plan. She had \$84,710 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. The plan made cash distribution of \$30,877 in 2011. Kimberly Guy - Participated in a supplemental nonqualified deferred compensation plan. She had \$24,608 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. She had \$21,587 of nonvested benefits accrue during 2011. This amount is included in Part II Column C. The plan made cash distribution of \$8,970 in 2011. Patricia Donnelly - Participated in a supplemental nonqualified deferred compensation plan. She had \$20,243 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. She had \$28,288 of nonvested benefits accrue during 2011. This amount is included in Part II Column C. The plan made cash distribution of \$7,379 in 2011. Paula McGuinness - Participated in a supplemental nonqualified deferred compensation plan. She had \$40,113 in benefits vest in 2011. This amount is included in Part II (B)(iii) other compensation. The plan made cash distribution of \$14,621 in 2011.
Supplemental Compensation Information	Schedule J, Part I, line 7	80 percent of the incentive compensation for which an individual is eligible would be considered fixed based on the instructions. 20 percent would be considered non-fixed and is based on the discretion of the employee's immediate supervisor.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Identifier	Return Reference	Explanation
Part VI, Line 2		Part VI, Line 2 - Description of Family and Business relationship Cathy Yoder, Isaac Mallah and Lee Kirkman are Board members of the Organization, as well as Board members of a taxable entity, which is an affiliate of the filing Organization

Identifier	Return Reference	Explanation
Part VI, Line 6	Description of Clases of Members or Stockholders	Catholic Health East (CHE), a Pennsylvania nonprofit corporation is the sole member of St Joseph's Health Care Center, Inc

Identifier	Return Reference	Explanation
Part VI, Line 7a	Description of Classes of Persons and the Nature of Their Rights	Designation and Election of Trustees (a) The Regional Minister of the Sponsoring Organization and the President of the Corporation shall serve as ex-officio Trustees of the Corporation ("Ex-Officio Trustees") (b) All other Trustees shall be appointed by the Board of Directors of Catholic Health East (the "Appointed Trustee") pursuant to the following procedure (i) The Chairman of the Board of Trustees of the Corporation shall appoint a Nominating Committee of at least three (3) persons, (ii) The Nominating Committee shall receive names of candidates for potential Trustees, present the names to the Board of Trustees of the Corporation, (iii) The Trustees shall review the candidates recommended by the Nominating Committee and submit its recommendations to the Board of Directors of CHE, (iv) The Board of Directors of CHE shall review the recommendations of the Trustees and either appoint the individuals recommended to serve as Trustees or request additional recommendations from the Nominating Committee

Identifier	Return Reference	Explanation
PART VI, Line 7b	Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights	<p>The taxpayer is a Participant, as defined in the Second Restated Joint Operating Agreement dated as of May 23, 2006, as amended (the "JOA") Under the JOA, BayCare health System, Inc is responsible for the operations of the Participants The JOA Participants include the taxpayer and other hospitals and non-hospital organizations Notice of the JOA was previously provided to the Internal Revenue Service by letter dated July 1, 1997 Catholic Health East (CHE) shall reserve to itself in its capacity as the Corporate Member of the Corporation the following two categories of actions Class I Member Reserved Rights and Class II Member Reserved Rights A Class I Member Reserved Rights 1 Addition, deletion or reconfiguration of services of the Corporation 2 Establishment of overall capital and operating budgets and strategic plans applicable to the Corporation, including the use of the funds of the Corporation 3 Exclusive authority to enter into managed care contracts on behalf of the Corporation 4 Approval of contracts on behalf of the Corporation (but the Class I Member may establish policies from time to time providing that only specific types of contracts or contracts involving obligations in excess of specified levels need to be approved by the Class I Member) 5 Authority to establish fees and charges on behalf of the Corporation 6 Determination of whether the Corporation should join any networks or alternative or integrated delivery systems 7 Establishment of employment and other policies applicable to all personnel employed by the Corporation 8 Approval of the philosophy, mission statement and purposes of the Corporation 9 Approval of changes in the Articles of Incorporation or in the Bylaws of the Corporation 10 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization of the Corporation 11 Approval of the incurrence of indebtedness by the Corporation above certain limits established by the Class I Member 12 Approval of the establishment of additional affiliates or subsidiaries of the Corporation 13 Adoption of strategic plans or major changes in programs or services of the Corporation 14 Approval of the purchase, sale, transfer, or other encumbrance of assets of the Corporation above specified levels established by the Class I Member B Class II Member Reserved Rights 1 Approval of the philosophy, mission statement and purposes of the Corporation 2 Approval of the merger, consolidation, dissolution, sale or other transfer of substantially all assets of the Corporation, or other change in corporate form, causing a fundamental reorganization of the Corporation 3 Approval of the closure of a hospital facility of the Corporation 4 Approval of any sale, long term lease, mortgage, encumbrance or disposition of property of the Corporation constituting an 'alienation' under principles of canon law 5 Approval of matters relating to the implementation of and compliance with the Ethical and Religious Directives 6 Change in the name of the hospital facility of the Corporation 7 Approval of substantive changes in the Articles of Incorporation of the Corporation and these Bylaws provided that prior notice of any change in the Articles of Incorporation of the Corporation or these Bylaws shall be provided to CHE and, if such change, as a result of CHE being a Catholic entity, must be approved by CHE, such change, regardless of whether it is substantive as a matter of civil law, shall be subject to the approval of the Member 8 With regard to any assets of the Corporation no longer required in the operations of the Corporation, approval of any sale or other disposition of any assets not in the ordinary course which have a value in excess of \$3 million, and with regard to all other assets of the Corporation used in the operations of the Corporation, approval of any sale or other disposition of such assets not in the ordinary course (but the foregoing is not intended to limit any transfer of the location of the assets from the Corporation to another entity in connection with a duly authorized reconfiguration of services)</p>

Identifier	Return Reference	Explanation
Part VI, Line 11b	Describe the Process used by Management &/or Governing Body to Review 990	The Form 990 is prepared by the organization and reviewed by the CFO, as well as the organization's paid preparer. A final copy of the Form 990 was reviewed by a subcommittee of the Board of Directors. Prior to filing with the IRS, a final copy of the Form 990 will be made available to the entire Board via a web portal.

Identifier	Return Reference	Explanation
Part VI, Line 12c	Description of Process to Monitor Transactions for Conflicts of Interest	<p>St Joseph's Health Care Center, Inc has two separate conflict of interest procedures, one that relates to Board members and another that relates to non-board member employees Both groups are required on an annual basis to complete, sign and file an annual disclosure statement detailing existing or potential conflicts of interests For Board members, the review of conflicts or potential conflicts occurs at the Board or committee level After disclosure of the Board Member's or Committee Member's actual or potential conflict, the following procedures for addressing the conflict of interest will be adhered to by each Board and all Committees with Board delegated powers, without exception</p> <ol style="list-style-type: none"> 1 The interested Director or Committee member shall leave the Board or Committee meeting while the conflict of interest issue is discussed 2 The remaining Board or Committee Members shall decide if a conflict of interest exists 3 If a conflict of interest is deemed to exist <ol style="list-style-type: none"> a The Chairperson of the Board or Committee shall, if appropriate, appoint a disinterested individual or committee to investigate the proposed transaction or arrangement b The Board or Committee shall determine whether the BayCare entity can obtain a more advantageous transaction or arrangement with reasonable efforts from an individual or entity that would not give rise to a conflict of interest c If a more advantageous transaction or arrangement is not reasonably available, the Board or Committee shall determine whether the transaction or arrangement is in the BayCare entity's best interest, and whether the transaction is fair and reasonable to BayCare <p>An interested Director or Committee Member shall not vote, participate in, influence or attempt to influence any determination or proceedings The Director or Committee Member may, however, respond to questions posed by the Board or Committee regarding the contract or transaction Any such contract or transaction must be authorized by a vote of at least two-thirds (2/3) of the Directors or Committee Members entitled to vote at a meeting at which a quorum was present Any interested Director or Committee Member may not be counted in determining the existence of a quorum For employees, the review of conflicts of interest or potential conflicts goes to the Conflict of Interest Determination Committee This committee consists of BayCare Chief Compliance Officer, the Corporate Responsibility Officers, and the BayCare Vice President of Team Resources This committee shall determine if an actual conflict exists and any action required to address the conflict of interest situation</p>

Identifier	Return Reference	Explanation
Part IV, Lines 15a & 15b	Process used for Compensation Review and Approval	<p>The organization uses an independent compensation committee, appointed by the Board of Directors. The Compensation Committee's purpose is to provide oversight for the organization's executive compensation program, review and approve compensation and benefits for all "disqualified persons" subject to the Intermediate Sanctions regulations issued under Section 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Administrative Officer & CFO, other system and entity executives, and other disqualified persons as defined in the Intermediate Sanctions regulations (i.e., voting members of the governing body, family members, former officers)), and establish the compensation philosophy for all other executives. This committee engages nationally recognized compensation consultants to assist them in review of executive compensation. The compensation consultants provide a review of each vice president and above in the system to determine if that employee's compensation is reasonable when compared against market standards. The data reviewed comes from compensation studies that include comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. The organization keeps contemporaneous minutes of the compensation committees meetings and decisions. External consultants review compensation every other year with the last review occurring in 2011, but the compensation committee regularly monitors compensation and all other procedures are followed annually.</p>

Identifier	Return Reference	Explanation
Part VI, Line 19		How and If the Governing Documents, Conflict of Interest Policy and Financial Statements are Made Available to the Public St Joseph's Health Care Center, Inc does not make its governing documents, conflict of interest policy or financial statements available to the public

Identifier	Return Reference	Explanation
Part VII, Section A, Column B		<p>Estimated hours worked by officers, directors, trustees, key employees, and highest compensated employees at related entities</p> <p>Albert Whitaker - BayCare Health System, Inc - 1 Albert Whitaker - South Florida Baptist Hospital, Inc - 1 Albert Whitaker - St Joseph's Hospital, Inc - 1 Brenda Balicki - Franciscan Properties, Inc - 1 Brenda Balicki - South Florida Baptist Hospital, Inc - 1 Brenda Balicki - St Joseph's Hospital, Inc - 45 Bruce Rodwell - BayCare Health System, Inc - 1 Bruce Rodwell - South Florida Baptist Hospital, Inc - 1 Bruce Rodwell - St Joseph's Hospital, Inc - 1 Carolyn McMullen - South Florida Baptist Hospital, Inc - 1 Carolyn McMullen - St Joseph's Hospital, Inc - 1 Cathy Yoder - Franciscan Properties, Inc - 1 Cathy Yoder - John Knox Village of Tampa Bay, Inc - 1 Cathy Yoder - San Damiano Enterprises, Inc - 1 Cathy Yoder - South Florida Baptist Hospital, Inc - 1 Cathy Yoder - St Joseph's Ancillary Services, Inc - 1 Cathy Yoder - St Joseph's Community Care, Inc - 1 Cathy Yoder - St Joseph's Hospital, Inc - 1 David Stamps - South Florida Baptist Hospital, Inc - 1 David Stamps - St Joseph's Hospital, Inc - 1 Deborah Coakley - South Florida Baptist Hospital, Inc - 1 Deborah Coakley - St Anthony's Hospital, Inc - 1 Deborah Coakley - St Joseph's Hospital, Inc - 1 Domenick Reina - South Florida Baptist Hospital, Inc - 1 Domenick Reina - St Joseph's Hospital, Inc - 1 Donna Jordan - South Florida Baptist Hospital, Inc - 1 Donna Jordan - St Joseph's Hospital, Inc - 1 Eric Obeck - South Florida Baptist Hospital, Inc - 1 Eric Obeck - St Joseph's Hospital, Inc - 1 Gene Marshall - South Florida Baptist Hospital, Inc - 1 Gene Marshall - St Joseph's Hospital, Inc - 1 Gladys Sharkey - BayCare Health System, Inc - 1 Gladys Sharkey - South Florida Baptist Hospital, Inc - 1 Gladys Sharkey - St Anthony's Hospital, Inc - 1 Gladys Sharkey - St Joseph's Hospital, Inc - 1 Isaac Mallah - Franciscan Properties, Inc - 1 Isaac Mallah - John Knox Village of Tampa Bay, Inc - 1 Isaac Mallah - San Damiano Enterprises, Inc - 1 Isaac Mallah - South Florida Baptist Hospital, Inc - 1 Isaac Mallah - St Joseph's Ancillary Services, Inc - 1 Isaac Mallah - St Joseph's Community Care, Inc - 1 Isaac Mallah - St Joseph's Hospital Foundation, Inc - 1 Isaac Mallah - St Joseph's Hospital, Inc - 1 John Borreca - BayCare Health System, Inc - 1 John Borreca - South Florida Baptist Hospital, Inc - 1 John Borreca - St Joseph's Hospital, Inc - 1 Kimberly Guy - Franciscan Properties, Inc - 1 Kimberly Guy - San Damiano Enterprises, Inc - 1 Kimberly Guy - St Joseph's Ancillary Services, Inc - 1 Kimberly Guy - St Joseph's Hospital, Inc - 1 Lee Kirkman - South Florida Baptist Hospital, Inc - 1 Lee Kirkman - St Joseph's Hospital, Inc - 1 Lorraine Lutton - Franciscan Properties, Inc - 1 Lorraine Lutton - San Damiano Enterprises, Inc - 1 Lorraine Lutton - St Joseph's Ancillary Services, Inc - 1 Lorraine Lutton - St Joseph's Community Care, Inc - 1 Lorraine Lutton - St Joseph's Hospital, Inc - 1 Mark Vaaler - Franciscan Properties, Inc - 1 Mark Vaaler - San Damiano Enterprises, Inc - 1 Mark Vaaler - St Joseph's Ancillary Services, Inc - 1 Mark Vaaler - St Joseph's Community Care, Inc - 1 Mary Arghittu - BayCare Health System, Inc - 1 Mary Arghittu - John Knox Village of Tampa Bay, Inc - 1 Mary Arghittu - South Florida Baptist Hospital, Inc - 1 Mary Arghittu - St Joseph's Hospital, Inc - 1 Michael Booher - South Florida Baptist Hospital, Inc - 1 Michael Booher - St Joseph's Hospital, Inc - 1 Patricia Donnelly - John Knox Village of Tampa Bay, Inc - 1 Patricia Donnelly - St Joseph's Ancillary Services, Inc - 1 Patricia Donnelly - St Joseph's Hospital, Inc - 1 Rick Colon - South Florida Baptist Hospital, Inc - 1 Rick Colon - St Joseph's Hospital, Inc - 1 Stephen Buckley - South Florida Baptist Hospital, Inc - 1 Stephen Buckley - St Joseph's Hospital, Inc - 1 Steve Smith - South Florida Baptist Hospital, Inc - 1 Steve Smith - St Joseph's Hospital, Inc - 1 Walwin Metzger - South Florida Baptist Hospital, Inc - 1 Walwin Metzger - St Joseph's Hospital, Inc - 1 William West - BayCare Health System, Inc - 1 William West - South Florida Baptist Hospital, Inc - 1 William West - St Joseph's Hospital, Inc - 1 Winnie Marvel - South Florida Baptist Hospital, Inc - 1 Winnie Marvel - St Joseph's Hospital, Inc - 1</p>

Identifier	Return Reference	Explanation
Part XI, Line 5		Unrealized losses on investments (\$21,541,362) Change in net assets of foundation \$51,320 Net asset transfer per JOA \$58,378,000 Equity transfer (\$26,610,000) Total \$10,277,958

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

2011

Open to Public Inspection

Name of the organization
St Joseph's Health Care Center Inc

Employer identification number
59-2593686

Part I

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

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Healthpoint Management Services Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL 33634 65-0645457	Billing/Mgmt	FL	SJHCC	C corp	-256,833	115,674,886	100 000 %
(2) Healthpoint Medical Group Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL 33634 59-3244268	Physician Group	FL	SJHCC	C corp	-24,211,242	10,602,024	100 000 %
(3) St Joseph's Physicians-Healthcenter Org 3001 W Dr Martin Luther King Jr Blv Tampa, FL 33607 59-2820509	Holding Company	FL	SJ Enterprises	C corp	-300	6,183	100 000 %
(4) St Joseph's Preferred Inc 3001 W Dr Martin Luther King Jr Blv Tampa, FL 33607 59-3055643	Provider network	FL	SJ Phy-Hlth Org	C corp	0	0	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

Yes

1d

Yes

1e

No

1f

No

1g

Yes

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

No

1p

No

1q

Yes

1r

Yes

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

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

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]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 59-2593686

Name: St Joseph's Health Care Center Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
St Joseph's Hospital of Tampa Found Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-1100828	Fundraising	FL	501(c)(3)	11C	SJHCC	Yes	
St Joseph's Hospital Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-0774199	Health srvc	FL	501(c)(3)	3	NA	Yes	
Franciscan Properties Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-2822519	Supports SJH	FL	501(c)(3)	11B	SJHCC	Yes	
John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL 33613 58-1377711	Retire cmnty	FL	501(c)(3)	9	SJHCC	Yes	
San Damiano Enterprises Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-2822514	Health invest	FL	501(c)(3)	11B	SJHCC	Yes	
South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL 33563 59-0594631	Medical srvc	FL	501(c)(3)	3	NA	Yes	
St Joseph's Ancillary Services Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-2795925	Health promo	FL	501(c)(3)	11B	SJHCC	Yes	
St Joseph's Community Care Inc 3001 W Dr Martin Luther King Jr Tampa, FL 33607 59-3152608	Medical asst	FL	501(c)(3)	11B	SJHCC	Yes	
St Joseph's Enterprises Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-2822516	Health invest	FL	501(c)(3)	11B	SJHCC	Yes	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	St Joseph's Enterprises Inc	a(iv)	36,171	FMV
(2)	St Joseph's Hospital Inc	k	29,464,657	FMV
(3)	South Florida Baptist Hospital Inc	k	1,591,104	FMV
(4)	John Knox Village of Tampa Bay Inc	k	222,852	FMV
(5)	Franciscan Properties Inc	l	2,327,263	FMV
(6)	St Joseph's Enterprises Inc	l	524,705	FMV
(7)	St Joseph's Hospital Inc	n	117,177	FMV
(8)	South Florida Baptist Hospital Inc	q	99,514	FMV
(9)	Franciscan Properties Inc	q	268,639	FMV
(10)	St Joseph's Hospital Inc	r	2,615,787	FMV
(11)	St Joseph's Community Care Inc	r	163,689	FMV
(12)	John Knox Village of Tampa Bay Inc	r	640,274	FMV

Additional Data

Software ID:
Software Version:
EIN: 59-2593686
Name: St Joseph's Health Care Center Inc

Form 990, Special Condition Description:

Special Condition Description

Additional Data

Software ID:

Software Version:

EIN: 59-2593686

Name: St Joseph's Health Care Center Inc

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

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
HARBORVEST FUND	19,501,722	C
MREP	1,263,161	C
PARK STREET	90,063	C
OAKTREE CAPITAL MGMT	31,386,983	F
LSV EMERGING MARKETS	22,218,374	F
MONDRIAN INT'L SMALL CAP	25,288,076	F
BLACKSTONE	38,306,020	F
CLARION LION	16,292,648	F
SCHRODER	7,675,382	F
NTGI SP 500 FD	65,407,458	F
NTGI AGG BD FD	43,269,619	F
FRANKLIN TEMPLETON	28,472,426	F