See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St Joseph's Hospital Inc

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
Tampa, FL 33607

D Employer identification number
59-0774199

E Telephone number
(813)870-4942

G Gross receipts $ 866,388,330

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www Sjbhealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1963

M State of legal domicile FL

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	5,622
6	Total number of volunteers (estimate if necessary)	**6**	932
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,786,210
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-193,241

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	5,916,901	6,913,520
9	Program service revenue (Part VIII, line 2g)	813,716,768	847,956,629
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	298,660	256,492
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,242,513	11,240,166
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	832,174,842	866,366,807
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	73,880	31,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	300,619,491	308,164,643
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	432,529,291	436,463,815
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	733,222,662	744,659,458
19	Revenue less expenses Subtract line 18 from line 12	98,952,180	121,707,349

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	1,031,629,066	1,141,792,404
21	Total liabilities (Part X, line 26)	160,032,222	129,275,650
22	Net assets or fund balances Subtract line 21 from line 20	871,596,844	1,012,516,754

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2014-11-04 Date

▶ CARL TREMONTI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM RIKER				P01226021

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 55 EVAN ALLEN JR BLVD SUITE 1000
ATLANTA, GA 30308 — Phone no

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

St Joseph's Hospital, 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? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 $ 647,810,833 including grants of $ 31,000) (Revenue $ 852,279,543)

St Joseph's Hospital, Inc (SJH) is a full-service 1,006-bed community hospital During 2013, SJH provided inpatient care to 45,799 patients, treated 182,893 patients in the emergency department, and delivered 7,227 babies Through efforts of the medical assistance program and the hospital's charity care program SJH saw a net community benefit expense of approximately $97 million The hospital also provided other community services totaling more than $5 4 million Some of the programs included Wellness on Wheels, Faith Community Nursing, and St Joseph's Children's Advocacy Center Refer to Schedule H for additional information

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** ▶ 647,810,833

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	505		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,622		
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		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the 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 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 or note to any line 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	**1a**	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
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 this 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**		No
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**	Yes	
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**	Yes	

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶JOHN GANTNER 2985 DREW STREET
clearwater, FL 33759 (727) 820-8005

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

Check if Schedule O contains a response or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,448,483	7,597,301	834,019

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶178

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
BARTON MALOW CO, 26500 AMERICAN DR SOUTHFIELD MI 48034	CONSTRUCTION	64,987,583
GILBANE BLDG CO, 8433 ENTERPRISE CIRCLE LAKEWOOD RANCH FL 34202	preconstruction Svcs	10,713,940
BAY LINEN INC, 11525 47TH ST NORTH CLEARWATER FL 33762	LAUNDRY SERVICES	3,853,657
OB HOSPITALIST GROUP LLC, 10 CENTIMETERS DR MAULDIN SC 29662	MEDICAL SERVICES	3,615,574
JOHNSON CONTROLS INC, PO BOX 905240 CHARLOTTE NC 28290	SOFTWARE MAINTENANCE	3,564,323

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶120

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,510,014			
	e	Government grants (contributions)	1e	5,163,344			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	240,162			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,913,520			
Program Service Revenue			Business Code				
	2a	HOSPITAL PATIENT CARE	621990	507,185,944	503,564,779	3,621,165	
	b	MEDICARE/MEDICAID NET REVENUE	621990	340,749,141	340,749,141		
	c	PREMIER PURCHASING PARTNERS	900099	21,544	21,544		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		847,956,629			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		200,987		165,045	35,942
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	1,151,444				
	b	Less rental expenses					
	c	Rental income or (loss)	1,151,444	0			
	d	Net rental income or (loss) . . . . . ▶		1,151,444			1,151,444
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		77,028			
	b	Less cost or other basis and sales expenses		21,523			
	c	Gain or (loss)		55,505			
	d	Net gain or (loss) . . . . . ▶		55,505			55,505
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722514	5,765,808			5,765,808
	b	MISCELLANEOUS REVENUE	621990	4,322,914	4,322,914		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		10,088,722			
	12	**Total revenue.** See Instructions . . . . . ▶		866,366,807	848,658,378	3,786,210	7,008,699

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)

Check if Schedule O contains a response or note to any line 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	31,000	31,000		
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	304,721	221,146	83,575	
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	260,843,187	259,256,088	1,587,099	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,621,258	9,562,717	58,541	
9 Other employee benefits	18,816,241	18,701,754	114,487	
10 Payroll taxes	18,579,236	18,460,167	119,069	
11 Fees for services (non-employees)				
a Management	0			
b Legal	83,116		83,116	
c Accounting	7,845		7,845	
d Lobbying	36,961	36,961		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,688,952	34,082,512	606,440	
12 Advertising and promotion	2,606,236	2,590,792	15,444	
13 Office expenses	10,990,483	10,728,153	262,330	
14 Information technology	955,594	785,420	170,174	
15 Royalties . .	0			
16 Occupancy	11,964,916	11,908,098	56,818	
17 Travel	878,188	851,523	26,665	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	10,230,883	10,230,883		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	55,182,627	55,009,044	173,583	
23 Insurance	8,217,307	5,531,498	2,685,809	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	122,620,592	122,612,037	8,555	
b MANAGEMENT FEES	90,058,790		90,058,790	
c BAD DEBT EXPENSE	49,526,664	49,526,664		
d ASSESSMENTS	10,397,329	10,397,329		
e All other expenses	28,017,332	27,287,047	730,285	
25 **Total functional expenses.** Add lines 1 through 24e	744,659,458	647,810,833	96,848,625	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		42,772	1	69,819
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		87,088,821	4	99,141,938
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		1,343,370	7	859,540
	8	Inventories for sale or use		14,123,658	8	14,639,207
	9	Prepaid expenses and deferred charges		3,734,510	9	3,866,714
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,139,054,250			
	b	Less accumulated depreciation	10b 517,072,014	521,682,664	10c	621,982,236
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		15,817,421	13	15,527,489
	14	Intangible assets		7,619	14	0
	15	Other assets See Part IV, line 11		387,788,231	15	385,705,461
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,031,629,066	16	1,141,792,404
Liabilities	17	Accounts payable and accrued expenses		57,490,839	17	52,683,667
	18	Grants payable		0	18	0
	19	Deferred revenue		3,350,182	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	Loans and other 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		23,222	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		99,167,979	25	76,591,983
	26	**Total liabilities.** Add lines 17 through 25		160,032,222	26	129,275,650
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		858,316,671	27	999,488,158
	28	Temporarily restricted net assets		13,240,173	28	12,988,596
	29	Permanently restricted net assets		40,000	29	40,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		871,596,844	33	1,012,516,754
	34	Total liabilities and net assets/fund balances		1,031,629,066	34	1,141,792,404

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	866,366,807
2	Total expenses (must equal Part IX, column (A), line 25)	2	744,659,458
3	Revenue less expenses Subtract line 2 from line 1	3	121,707,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	871,596,844
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	19,212,561
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,012,516,754

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Glenn Waters ExOfficio Trustee/Pres HospDiv	1 0 58 0	X		X				0	1,073,723	215,238
Isaac Mallah Ex Officio Trustee/Pres SJB	1 0 48 0	X		X				0	3,293,992	45,192
Lee Kirkman Trustee/CMO - BCMG	1 0 48 0	X						0	531,837	34,264
Mary Arghittu Trustee	1 0 4 0	X						0	0	0
Ken Atwatar Trustee	1 0 2 0	X						0	0	0
Robert Baskin Trustee	1 0 2 0	X						0	0	0
Michael Booher Trustee	1 0 2 0	X						0	0	0
John Borreca Trustee	1 0 3 0	X						0	0	0
Rick Colon Trustee/Vice Chairman	1 0 2 0	X		X				0	0	0
Coleman Davis Trustee	1 0 2 0	X						0	0	0
Jonathan Jennewein Trustee	1 0 2 0	X						0	0	0
Donna Jordan Trustee	1 0 2 0	X						0	0	0
Judith Lisi Trustee	1 0 2 0	X						0	0	0
Gene Marshall Trustee	1 0 3 0	X						0	0	0
Winnie Marvel Trustee	1 0 2 0	X						0	0	0
Carolyn Mcmullen Trustee	1 0 2 0	X						0	0	0
Eric Obeck Trustee/Chairman	1 0 3 0	X		X				0	0	0
Domenick Reina Trustee	1 0 2 0	X						0	0	0
Elaine Shimberg Trustee	1 0 2 0	X						0	0	0
Gladys Sharkey Trustee	1 0 4 0	X						0	0	0
William West Trustee	1 0 3 0	X						0	0	0
Albert Whitaker Trustee	1 0 2 0	X						0	0	0
Carl Tremonti CFO, BC Hosp Div	1 0 57 0			X				0	416,973	34,153
Cathy Yoder Treasurer/CFO - BCMG	1 0 48 0			X				0	409,701	39,673
Brenda Balicki Secretary	45 0 2 0			X				67,852	0	15,722

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
Kimberly Guy President, SJWH & SJCH	1.0 46.0				X			0	479,858	51,050
Paula Mcguiness President, SJH North	1.0 45.0				X			0	370,984	76,042
Lorraine Lutton President, SJH	1.0 47.0				X			0	592,186	92,129
Patricia Donnelly VP, Patient Care Svcs - SJB	1.0 46.0				X			0	428,047	62,388
Mary Robinson Dir, Surgical Services - SJH	45.0 0.0				X			188,286	0	32,859
Hossain Marandi Dir, Medical Affairs - SJB	45.0 0.0					X		321,322	0	30,771
Michael Magee VP, Pharmacy Services	45.0 0.0					X		242,299	0	50,453
Lydia Boutros Clinical Pharmacist	45.0 0.0					X		226,046	0	11,698
Onyema Ezeanya Clinical Pharmacist	45.0 0.0					X		209,145	0	15,420
Michael Hance Director Imaging & Cancer Inst	45.0 0.0					X		193,533	0	26,967

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

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

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

1 ☐ A church, convention of churches, or association of churches described in **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 - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 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 (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
St Joseph's Hospital Inc	59-0774199

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

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

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		11,189
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		25,772
j	Total Add lines 1c through 1i			36,961
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1i	Dues were paid to the Greater Tampa Chamber of Commerce, the National Association of Children's Hospitals, and the Hillsborough County Medical Association, Florida Hospital Association, and the National Association of Psychiatric Health Systems These organizations use a portion of their respective dues to conduct lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		5,736,409		5,736,409
b Buildings		671,930,793	283,590,807	388,339,986
c Leasehold improvements		851,125	466,678	384,447
d Equipment		305,166,296	232,837,175	72,329,121
e Other		155,369,627	177,354	155,192,273
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				621,982,236

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Deposits	230,535
(2) Prepaid physician recruitment	658,042
(3) DUE FROM AFFILIATES	384,567,855
(4) OTHER RECEIVABLE	249,029
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	385,705,461

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SERP liability	825,675
ASSET RETIREMENT OBLIGATION L T	96,090
ESTIMATED 3RD PARTY SETTLEMENTS	43,265,462
NON-CURRENT PENSION OBLIGATION	32,404,756
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	76,591,983

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	811,184,293
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	320,234		
e	Add lines **2a** through **2d**			2e	320,234
3	Subtract line **2e** from line **1**			3	810,864,059
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 XIII)	4b	55,502,748		
c	Add lines **4a** and **4b**			4c	55,502,748
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	866,366,807

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	689,156,708
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	689,156,708
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 XIII)	4b	55,502,750		
c	Add lines **4a** and **4b**			4c	55,502,750
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	744,659,458

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D Supplemental Information	Schedule D, Part XI, Line 2d Change in interest in foundation $320,234 Schedule D, Part XI, Line 4b Revenues netted with expenses $55,502,748 Schedule D, Part XII, Line 4b Revenues netted with expenses $55,502,748 Rounding $2 Total $55,502,750

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 250 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	2	25,988	32,764,131		32,764,131	4 710 %
b Medicaid (from Worksheet 3, column a)	2	108,397	178,843,291	124,711,308	54,131,983	7 790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	2	9,888	9,438,478	4,747,008	4,691,470	0 670 %
d **Total** Financial Assistance and Means-Tested Government Programs	6	144,273	221,045,900	129,458,316	91,587,584	13 170 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	36	66,842	1,677,729	67,244	1,610,485	0 230 %
f Health professions education (from Worksheet 5)	15	1,156	2,582,106		2,582,106	0 370 %
g Subsidized health services (from Worksheet 6)	2	700	774,873		774,873	0 110 %
h Research (from Worksheet 7)	1	71	74,943		74,943	0 010 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	16	685	349,469		349,469	0 050 %
j **Total.** Other Benefits	70	69,454	5,459,120	67,244	5,391,876	0 770 %
k **Total.** Add lines 7d and 7j	76	213,727	226,505,020	129,525,560	96,979,460	13 940 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 49,526,664			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 24,453,593			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	126,426,035
6	Enter Medicare allowable costs of care relating to payments on line 5	6	132,381,468
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,955,433
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group A - St Joseph's Hospital Inc

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See Schedule H, Part V, Section C			
b	☐ Other website (list url) _____			
c	☐ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	11		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	12	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☑ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

	Name and address	Type of Facility (describe)
1	SDI Diagnostic Imaging LLC 2222 Swann Ave Tampa, FL 33606	Outpatient Imaging Center
2	Tampa Care Clinic 4600 North Habana Ave Suite 15 Tampa, FL 33614	Outpatient Clinic (HIV Clinic)
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I Line 3c	Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for charity consideration These patients are screened by designated team members in our Financial Assistance Department The Agency for Health Care Administration (AHCA) defines charity eligibility at 200 percent of the federal poverty guidelines, unless the total hospital bill is more than 25 percent of the patient's annual income Medicaid recipients who have exceeded their coverage limits are also considered for charity care St Joseph's Hospital Inc goes above and beyond the AHCA requirements by providing additional "hardship" charity for patients who are at 250 percent of the federal poverty guidelines In addition, an uninsured discount of 40% is given to any patient who does not have insurance coverage or benefits There is no income or asset test required for the uninsured discount Patients receive an additional 10% discount if the account is paid within 30 days
Part I Line 6a	N/A - The Community Benefit Report is available to the public and was prepared by BayCare Health System Inc , a related organization

Form and Line Reference	Explanation
Part I Line 7	Financial assistance and means-tested government programs costs (lines A through D) are determined using our cost accounting system, which captures all inpatients and outpatients, including emergency room patients The system also captures all patient pay types - private insurance, Medicare, Medicaid, uninsured and self pay The costs have been offset by any payments received from Medicaid or any other uncompensated care program Other benefits at cost (lines E through J, as well as amounts reported in Part II) were compiled by the community health department using the Catholic Health Association guide for planning and reporting community benefits
Part I Line 7 Column f	Bad Debt expense of $49,526,664 was included on form 990, Part IX, Line 25, Column (a), but subtracted for purposes of calculating the percentage in this column

Form and Line Reference	Explanation
Part III Lines 2, 3, & 4	Lines 2 & 3 Bad debt expense is reported as total bad debt for the facility The amount of bad debt expense attributable to patients eligible for financial assistance is calculated as a charge ratio, derived from data sampling The resulting charge ratio is then applied to total bad debt accounts of the organization, which calculates the bad debt attributable to finance assistance The state of Florida requires the patient to provide certain documentation in order to qualify for financial assistance In cases where the patient has not responded to hospital requests or billing statement alerts, those accounts are processed as bad debt, if unpaid Line 4 The organization's financial statements include a footnote that describes bad debt expense on page 9 and 10 of the Catholic Health East BayCare Participants and Their Affiliated Organizations Notes to Consolidated Financial Statements
Part III Line 8	Cost reports were used to report Medicare allowable costs Medicare defines allowable costs as those appropriate and helpful in developing and maintaining the operation of patient care facilities and activities It specifically excludes certain costs that are not directly related to patient care The hospital incurs additional expense related to the provision of care to Medicare patients that Medicare has deemed non-allowable This additional expense includes costs of physician services (emergency on-call fees, hospitalist program, recruitment, etc), advertising costs, cafeteria costs for meals sold to visitors, etc The hospital attempts to collect coinsurance and deductibles from Medicare beneficiaries To the extent collection efforts are unsuccessful, Medicare reimburses the hospital at 70% of unpaid amounts The following table reconciles the surplus or shortfall from Line 7 to the actual surplus or shortfall The additional costs were allocated to Medicare based upon Medicare's percentage of total allowable costs The unpaid coinsurance/deductibles were estimated using historical collection results Any shortfall amounts have not been treated as community benefit Line 7 Surplus or (Shortfall) ($5,955,433) Additional non-allowable costs and unpaid/non-reimbursed coinsurance/deductibles ($13,224,713) Total Surplus or (Shortfall) ($19,180,146)

Form and Line Reference	Explanation
Part III Line 9b	Patients who are unable to pay are encouraged by BayCare Health System representatives, via personal interviews, signage, on patient billing statements, brochures or Customer Service phone calls, to submit financial information to the Financial Assistance Department to determine eligibility for programs, such as County, Medicaid, Disability, Victims of Crime, Charity, etc For those patients who provide all the necessary documentation and qualify for charity according to the Financial Assistance policy, (defined in Part I, line 3c), patients' account balance would be written off completely to charity and not billed to the patients
Part VI Line 2 - Needs Assessment	St Joseph's Hospital, Inc is committed to meeting the needs of the community it serves Our quality philosophy is modeled around understanding our customers' needs in the communities it serves St Joseph's Hospital, Inc addresses community health status assessments by accessing existing third party databases profiling health status information for geographies it serves The assessments provide a profile of health status indicators in comparison to state averages and, if available, national benchmarks In addition St Joseph's Hospital, Inc conducts physician community need studies that outline physician deficits by specialty for the geographic area served Studies are also conducted to identify gaps in geographic access to services such as primary care, outpatient services and inpatient services All of the above processes occur on an ongoing basis to assist St Joseph's Hospital, Inc in developing initiatives and programs/services to address identified health care needs in the communities it serves

Form and Line Reference	Explanation
Part VI Line 3 - Patient Education of Eligibility for Assistance	St Joseph's Hospital, Inc Financial Assistance team members are dedicated to assisting patients in obtaining assistance through federal, state and local government programs or through the St Joseph's Hospital, Inc financial assistance policy Signage and brochures are available, as well as team members whose full responsibility is to assist patients in the emergency room and on inpatient units The Financial Assistance team interviews patients for all available programs, assists the patients in completing applications to government agencies and for hospital charity care, advises patients regarding available community resources for health care, reviews and approves patient requests for charity care, and provides education and support to the patient throughout the assistance process In addition to the aforementioned comprehensive process, St Joseph's Hospital, Inc also informs and educates patients who may be billed for patient care, but may be eligible for charity or other programs, via patient billing statements and customer service representative calls The goal in using these various means is to effectively communicate with the entire patient population so they are informed and educated about their eligibility for assistance
Part VI Line 4 - Community Health	St Joseph's Hospital is in a suburban setting serving all of Hillsborough and Pasco counties and parts of several surrounding counties The average income is lower than both the state and national averages The population served is predominantly Caucasian and high-school or higher educated Hispanics are the second largest ethnic group representing 20% of the population and 14 7% of households are below poverty level The population served by St Joseph's Hospital is expected to grow 5 4% in the next 5 years This is higher than the expected growth rate of 3 5% for the United States The fastest growing population segment is Age 65+ The County where St Joseph's Hospital resides experiences higher incidence rates compared to the state of Florida in the following areas cervical cancer, colorectal cancer, lung cancer, post-neonatal death, adult smokers, HIV cases, AIDs cases, HIV/AIDS deaths, asthma hospitalization, sexually transmitted diseases, domestic violence, linguistically isolated population, stroke hospitalization and hypertension St Joseph's Hospital is part of BayCare Health System that serves west central Florida The area served by St Joseph's Hospital has 21 hospitals with 11 being Not-For-Profit There are 9 federally designated medically underserved areas in St Joseph's Hospital's service area With the service area expanding and the over 65 population expected to grow 18% in the next five years, the health care needs of our service area are expanding and changing Based on Florida inpatient discharge data for the period of 10/01/12-09/30/13, the payor mix for the geographic area consists of 48 5% Medicare/Medicare HMO, 18% Medicaid/Medicaid HMO, 21 5% Commercial Insurance, 7 9% Self-pay, and 4 1% Other

Form and Line Reference	Explanation
Part VI Line 5 - Promotion of Community Health	St Joseph's Hospital, Inc St Joseph's Hospital was founded in 1934 as a mission of the Franciscan Sisters of Allegany, who traveled from New York during the Great Depression to bring much-needed medical assistance to the people of Tampa By 1967, the hospital outgrew its original three-story facility and moved to its current location Since that time, services and facilities have grown dramatically to include a children's hospital, a women's hospital, new patient care buildings, plus heart and cancer institutes In February 2010, St Joseph's opened St Joseph's Hospital-North, a $225 million, 76-bed community hospital in northern Hillsborough County In 2012, the hospital broke ground on the new St Joseph's Hospital-South, which will bring not-for-profit health care to a medically underserved part of the community when it opens in 2015 While much has changed over the years, St Joseph's Hospital's commitment to improve the health of its community through accessible, compassionate and family-focused health care services remains For more than 75 years, our team members have exemplified values of trust, dignity, respect, responsibility and excellence In fact, a favorite annual tradition for the team is a holiday gift drive to benefit families of dozens of patients who were hospitalized during the 12 previous months First, caseworkers identify families who were facing difficult times even before they encountered a personal health crisis Then hospital departments adopt families and provide personalized gifts and food to make the families holiday season a joyous one This truly compassionate team continues to give back to the community by doing what it does best - giving even more St Joseph's Hospital serves as the safety net for the community Not just by providing emergency services for any one at any time, but by helping people like no one else can - or will The hospital has served as a safe place for frightened mothers to leave their newborns behind, researched every option for financial and social services for those in need and provided transportation for patients who have no other means to get home - whether home is down the road or across an ocean Caring team members have worked tirelessly to help patients transition from the hospital setting to the next level of care, taking into consideration patients' special needs and lack of financial resources Others have donated their time and talent to provide life-saving heart surgery for "Gift of Life" patients from around the world, brought comfort items to patients with specific cultural needs and worked tirelessly to extend the Franciscan tradition of hospitality to all Community Outreach & Partnerships Through education and a focus on prevention and early detection, St Joseph's Hospital is building a healthier community while reducing suffering and total health care costs Through community health improvement programs the hospital touched more than 66,800 lives in 2013 The community health improvement programs include 1 Health screenings 2 Physician lectures 3 Support groups 4 Health fairs 5 Mobile clinics More than $5 million was spent in 2013 to support the goal of fostering and implementing community relationships and partnerships to improve the health status of the community By collaborating with community partners and sharing resources, St Joseph's Hospital is able to find less expensive ways to make an even greater health impact in the Tampa Bay area Some examples of our participation in community partnerships include 1 St Joseph's Cancer Institute partners with the American Cancer Society to provide and facilitate events such as the Cattle Barons' Ball (an event to raise money to fight cancer and provide services to cancer patients and their families), "Reach to Recovery" Fashion Show and Luncheon to raise money to fight breast cancer, and various support group meetings In addition, the hospital hosts free cancer support groups and lectures on topics such as colon cancer, ovarian and gynecologic cancer, breast cancer, prostate cancer and more Meanwhile, St Joseph's Cancer HelpLine serves as a free, confidential resource for information about the disease as well as referrals to physicians, community programs and hospital services 2 St Joseph's collaborates with The Susan G Komen Foundation, The Judeo-Christian Clinic, The Florida Department of Health Breast & Cervical Early Detection Program and The Sisters Network to offer breast health risk assessments and high-risk screening for breast cancer 3 St Joseph's Heart Institute partners with the American Heart Association to educate the community about heart disease and stroke St Joseph's Hospital was a major sponsor in the 2013 Heart Walk, contributing to the team that had the most participants and raised the most money in the Tampa Bay area In addition, the hospital offers free healthy heart screenings to families of cardiac patients because it recognizes the strong role heredity can plan in heart disease Throughout the year, the hospital offers free lectures and events to educate the community about the importance of keeping a healthy heart 4 Healthy Families Hillsborough is a community-based, voluntary home visiting program designed to enable children to grow up healthy, safe and nurtured The program is designed to enhance family strengths through education and support Specifically, the program's six broad goals for enrolled families are to reduce the incidence of child abuse and neglect, to enhance parents' ability to create stable and nurturing home environments, to promote child health and development, to help develop positive parent-child interaction, to help ensure that families' social and medical needs are met, and to ensure families are satisfied with program services St Joseph's Children's Hospital provides an assessment component that is essential to the recruitment and service provision for families that qualify for Healthy Family Services In 2013, the family assessment workers conducted 6,646 Healthy Start screens, made 5,825 initial contacts, gave 426 Healthy Family assessments and provided 27,660 resources and referrals 5 For Back to School Health Fairs, St Joseph's Hospital teams up with the Hillsborough County School System and the Hillsborough County Back to School Coalition to provide required screenings and easier access to immunizations for underserved families and children In 2013, students participated in vision, height, weight and blood pressure screenings, 100 children received physicals and 82 received immunizations St Joseph's Faith Community Nursing program was established to provide health and wellness information to members of local congregations of all denominations The goal is to assist congregations in developing health ministries that compassionately and effectively address the emotional, physical and spiritual needs of individuals within the congregation and the people they reach out to in their communities The hospital provides the infrastructure for the Faith Community Nurse Program and assists the faith community by providing recruitment, training, continuing nurse education and health screenings In 2012 this program included 68 nurses working in partnerships with 44 congregations in Hillsborough, Western Polk and Southern Pasco counties Through home and hospital visits, parish nurse office visits or other encounters at the church, educational programs, health fairs and other forms of correspondence in 2012, Faith Community Nurses directly touched the lives of nearly 16,500 people The program provided an impressive 12,231 volunteer hours of service in the community In 1994, the Catholic Diocese of St Petersburg founded the San Jose Mission located in Dover, Florida The mission provides housing, childcare, food, clothing and assistance to the migrant farm worker community of Eastern Hillsborough County Over the past several years, many new resources have been added including the full-time services of a Parish Nurse Sponsored by St Joseph's Hospital, the Parish Nurse works with all age groups The Parish Nurse implements strategies to meet the physical, emotional, spiritual and social needs of the primarily Spanish-speaking population Serving more than 250 individuals monthly, the nurse is a knowledgeable and compassionate presence to many who are unable to access basic health and social services St Joseph's Community Health team develops community partnerships with area agencies, creating collaborative efforts that bring health services directly into area neighborhoods As a result, Community Health participated in more than 45 events and programs in 2013 and was able to promote better health to more than 2,100 people Health education included CPR and First Aid, Smoking Cessation and Healthy Eating programs In addition, Community Health identifies general and disease-specific risk factors to be able to provide appro
Part VI Line 6 - Affiliated Health Care System	St Joseph's Hospital, Inc is part of BayCare Health System, Inc , a not-for-profit corporation that operates an integrated health care delivery system ("BayCare") in the Tampa Bay region of Florida BayCare provides a full continuum of care through its five clinical divisions which are supported by a comprehensive suite of centralized corporate services The largest division is the hospital division, which includes 11 acute care hospitals and 3,433 licensed beds In 2013, the hospital division provided 127,532 admissions and 478,296 emergency room visits The remaining four BayCare clinical divisions include four urgent care centers, 13 imaging facilities, five ambulatory surgery centers, three wellness centers, a physician network, outreach laboratories, a retail pharmacy, and a comprehensive home health agency BayCare's strategy is focused on establishing the framework and foundation to enable population health management and improve access to affordable, high-quality health care Developing the infrastructure to manage risk and population health has been a multi-year initiative that encompasses aligning physicians, acquiring insurance competencies, and expanding care management capabilities In this regard, BayCare has developed a physician network that includes 248 employed primary care physicians and 140 employed specialist physicians Inclusive of these 388 physicians, about 1,200 physicians (employed and community-based) currently operate in a clinically integrated network, BayCare Physician Partners With 284 access points across its four-county service area, BayCare is focused on establishing a geographic footprint across the Tampa Bay region to promote access to its comprehensive services, regardless of a patient's ability to pay On Aug 30, 2013, BayCare expanded into Polk County by becoming the sole corporate member of Winter Haven Hospital, Inc , a 529-bed, not-for-profit hospital that provided 15,167 admissions and generated $237 million in total revenue in the fiscal year 2013, immediately prior to joining BayCare BayCare was founded in 1997 when several of the area's not-for-profit hospitals came together, united by the common mission to "improve the health of all we serve through community-based, health care services that set the standard for high-quality, compassionate care " As an integrated health system, BayCare's hospital members believed they could reduce costs by consolidating back-office functions and administrative services, and improve quality through the sharing of best practices BayCare is currently one of the largest employers in the region with 22,900 employees, and salary and benefit expenses exceeding $1 3 billion BayCare's hospitals are Mease Countryside, Mease Dunedin, Morton Plant, Morton Plant North Bay, St Anthony's, South Florida Baptist, St Joseph's, St Joseph's Women's, St Joseph's Children's, St Joseph's Hospital-North, and Winter Haven Hospital Today, BayCare's financial stability and centralization of shared services in Finance, Business Office, Information Technology, Human Resources and Materials Management strengthens each hospital's ability to serve the health needs of their local communities and provide traditional charity care and unbilled community services to uninsured and underinsured residents In 2013, BayCare provided $243 5 million in community benefit, which includes $110 8 million in traditional charity care, $121 4 million in Medicaid and other means-tested programs, and $11 3 million in unbilled community services All of these are measured in unreimbursed cost In 2012, BayCare refocused its strategic vision around a new culture of accountability and working together to achieve the following Four Key Results 1 Patient-Centered Care - A relationship with patients that places them first in everything we do 2 One Standard of Care - Reducing variation by adhering to standard processes which assure best practices 3 Top Decile Performance - Consistently performing in the top 10 percent of publically reported quality and service measures 4 Preservation of Financial Stability - Maintaining AA credit rating and level of market relevance to secure future access to the capital necessary to advance health care quality and access COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) In 2013, BayCare hospitals completed a detailed Community Health Needs Assessment (CHNA), as required by the Patient Protection and Affordable Care Act The CHNA research utilized independent reviews of existing data, in-depth interviews with community stakeholders representing a cross section of agencies, and detailed input provided by community focus groups The studies included detailed environmental scans of available resources and services The assessments, supported by secondary and primary data, determined that the top three results of the community health needs, within the geographic regions served by BayCare hospitals, were 1 Improving access to affordable health care 2 Decreasing the prevalence of clinical health issues 3 Improving health behaviors and environments BayCare assisted its hospitals in developing detailed implementation strategies, action steps, and objectives to align hospital resources with each key community health need BayCare hospitals' CHNA reports and implementation plans are available on its website, www baycare org KEY COMMUNITY HEALTH NEED #1 IMPROVING ACCESS TO AFFORDABLE HEALTH CARE Secondary data and primary input from community stakeholders and focus groups for BayCare hospitals' CHNA reports identified the following underlying factors 1 Need for increased access to affordable health care through insurance 2 Availability of affordable care for the underinsured and uninsured 3 Availability of health care providers and services 4 Communication among health care providers and consumers 5 Socioeconomic barriers to accessing health care BayCare hospitals' have developed the following key objectives to address specific areas of need within their geographic regions At Morton Plant Hospital Implement timely and effective coordination of care between primary care and emergency departments by enabling access to patient information for new primary care partners, exploring partnerships to facilitate referrals, developing relationships that guarantee appointment slots per day and inpatient referrals, exploring the development of a patient navigator role, and establishing metrics to monitor coordination of care At Morton Plant North Bay Hospital Increase the appropriate use of available health care resources by increasing the use of affordable primary care clinics, exploring partnerships to facilitate referrals and establishing metrics to monitor coordination of care At Mease Countryside, Mease Dunedin, Morton Plant, St Anthony's, South Florida Baptist and Winter Haven hospitals Enhance care coordination to underinsured and uninsured residents by working with municipalities and other groups to develop community resources that help residents find more detailed information about health insurance coverage, exploring the feasibility of creating or enhancing clinics for uninsured, and considering evidence-based practices to increase access to affordable primary care and increase awareness about health care resources At every BayCare hospital Increase the availability of mental health services by implementing programs for at-risk families, expanding services, and increasing service capacity for children with mental health needs BayCare continues to be the largest, not-for-profit provider of behavioral health services in west central Florida BayCare Behavioral Health offers inpatient, outpatient, support groups, and case management services BayCare operates the only freestanding, inpatient Baker Act-receiving private psychiatric hospital in Hillsborough County, a freestanding, Baker Act-receiving facility in Pasco County, and inpatient crisis stabilization in Pinellas County KEY COMMUNITY HEALTH NEED #2 DECREASING THE PREVALENCE OF CLINICAL HEALTH ISSUES Secondary data and primary input from community stakeholders and focus groups for BayCare hospitals' CHNA reports identified the underlying factors as the prevalence of clinical indicators and areas of poorer health outcomes across clinical indicators that are correlated with race, geographical location and socioeconomic status BayCare hospitals' have developed the following key objectives to address specific areas of need within their geographic regions At Mease Countryside Hospital Increase the resources available to diabetic children in school by exploring the feasibility of providing regional resources to support daily pediatric disease management at public schools At St Joseph's hospitals Align services with best practices to improve health outcomes for patients diagnosed with diabetes At St Anthony's Hospital Increase access to screenings, and diagnostic and treatment services for diabetes b

Form and Line Reference	Explanation
Part VI Line 7 - State Filing	N/A St Joseph's Hospital, Inc operates in the State of Florida, which does not require its Community Benefit Report to be filed with the State Government The Community Benefit Report is prepared and made available to the public

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ronald McDonald House of Tampa Bay 28 Columbia Dr Tampa,FL 33606	59-1835985	501(c)(3)	20,000				Donation to Story Book Ball

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Description of Organization's Procedures for Monitoring the Use of Grants	Schedule I, Part I, Line 2 The organization is committed to assisting non-profit organizations whose focus is to improve the health and wellness of the communities we serve Each cash donation request is reviewed by the senior management team to determine whether the organization is one we want to donate to, based on the organization's mission, non-profit status and usage of funds Once approved, we require proper documentation from the organization of their non-profit status and follow-up to ensure the activity has occurred

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Supplemental Compensation Information	Part I, Line 3 The filing organization does not use any of the options listed in Schedule J, 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 Part I, Line 4a Isaac Mallah received a severance payment in the amount of $2,297,074 during 2013 Part I, Line 4b Patricia Donnelly - Participated in a supplemental nonqualified deferred compensation plan She had $47,567 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation She had $16,696 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation The plan made a cash distribution of $18,473 in 2013 Kimberly Guy - Participated in a supplemental nonqualified deferred compensation plan She had $53,429 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation She had $13,738 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation The plan made a cash distribution of $22,091 in 2013 Paula McGuiness - Participated in a supplemental nonqualified deferred compensation plan She had $40,050 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made cash distribution of $16,801 in 2013 Carl Tremonti - Participated in a supplemental nonqualified deferred compensation plan He had $44,706 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation He had $10,423 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation The plan made a cash distribution of $19,208 in 2013 Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan He had $159,846 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation Cathy Yoder - Participated in a supplemental nonqualified deferred compensation plan She had $44,812 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation She had $8,411 of nonvested benefits accrue during 2013 This amount is included in Part II (C) Retirement and other deferred compensation The plan made a cash distribution of $20,626 in 2013 Lorraine Lutton - Participated in a supplemental nonqualified deferred compensation plan She became 100% vested in her benefits in 2013 She had $58,237 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $50,235 in 2013 Isaac Mallah - Participated in a supplemental nonqualified deferred compensation plan He had $148,613 in benefits vest in 2013 This amount is included in Part II (B)(iii) Other compensation The plan made a cash distribution of $439,544 in 2013

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Glenn Waters ExOfficio Trustee/Pres HospDiv	(I)	0	0	0	0	0	0	0
	(II)	743,922	315,281	14,520	184,011	31,227	1,288,961	0
Isaac Mallah Ex Officio Trustee/Pres SJB	(I)	0	0	0	0	0	0	0
	(II)	273,654	368,792	2,651,546	38,149	7,043	3,339,184	12,274
Carl Tremonti CFO, BC Hosp Div	(I)	0	0	0	0	0	0	0
	(II)	280,052	84,201	52,720	23,173	10,980	451,126	0
Cathy Yoder Treasurer/CFO - BCMG	(I)	0	0	0	0	0	0	0
	(II)	261,595	88,795	59,311	22,297	17,376	449,374	0
Lee Kirkman Trustee/CMO - BCMG	(I)	0	0	0	0	0	0	0
	(II)	455,005	66,099	10,733	22,231	12,033	566,101	0
Kimberly Guy President, SJWH & SJCH	(I)	0	0	0	0	0	0	0
	(II)	312,350	107,139	60,369	26,488	24,562	530,908	0
Paula Mcguiness President, SJH North	(I)	0	0	0	0	0	0	0
	(II)	233,842	80,986	56,156	64,425	11,617	447,026	0
Lorraine Lutton President, SJH	(I)	0	0	0	0	0	0	0
	(II)	336,506	113,854	141,826	59,719	32,410	684,315	44,943
Patricia Donnelly VP, Patient Care Svcs - SJB	(I)	0	0	0	0	0	0	0
	(II)	279,474	94,222	54,351	42,320	20,068	490,435	0
Mary Robinson Dir, Surgical Services - SJH	(I)	158,590	20,387	9,309	14,304	18,555	221,145	0
	(II)	0	0	0	0	0	0	0
Hossain Marandi Dir, Medical Affairs - SJB	(I)	285,651	35,088	583	12,750	18,021	352,093	0
	(II)	0	0	0	0	0	0	0
Michael Magee VP, Pharmacy Services	(I)	212,366	26,614	3,319	20,995	29,458	292,752	0
	(II)	0	0	0	0	0	0	0
Lydia Boutros Clinical Pharmacist	(I)	144,530	75,075	6,441	8,867	2,831	237,744	0
	(II)	0	0	0	0	0	0	0
Onyema Ezeanya Clinical Pharmacist	(I)	141,690	61,300	6,155	6,375	9,045	224,565	0
	(II)	0	0	0	0	0	0	0
Michael Hance Director Imaging & Cancer Inst	(I)	163,193	20,577	9,763	14,790	12,177	220,500	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MFP Inc dba Financial Credit Serv	See Part V	807,950	Collection Services		No
(2) BayLinen Inc	See Part V	3,853,657	Laundry Services		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V	Glenn Waters is an officer of the filing organization as well as a board member of MFP, Inc , a taxable organization Kimberly Guy is a key employee of the filing organization as well as a board member of BayLinen, Inc , a taxable organization

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI	
Part VI	Part VI, Lines 15a & 15b - Process used for Compensation Review and Approval The filing or ganization does not directly compensate some of its top management employees, rather compe nsation is paid by a related organization that also follows the compensation policy of the Compensation Committee The independent Compensation Committee is appointed by the Board of Directors The Compensation Committee's purpose is to provide oversight for the organiz ation's executive compensation program, review and approve compensation and benefits for a ll "disqualified persons" subject to the Intermediate Sanctions regulations issued under S ection 4958 of the Internal Revenue Code (including the Chief Executive Officer, Chief Ope rating Officer & Chief Financial Officer, other system and entity executives, and other di squalified persons as defined in the Intermediate Sanctions regulations (i e , voting memb ers of the governing body, family members, former officers)), and establish the compensati on philosophy for all other executives This committee engages nationally recognized compe nsation consultants to assist them in review of executive compensation The compensation c onsultants 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 da ta reviewed comes from compensation studies that include comparable compensation for simil arly qualified persons in functionally comparable positions at similarly situated organiza tions The organization keeps contemporaneous minutes of the compensation committees meeti ngs and decisions External consultants review compensation every other year, the last rev iew occurring in 2013, but the compensation committee regularly monitors compensation and all other procedures are followed annually Part VI, Line 16B - Procedure to evaluate join t venture arrangements The organization has a joint venture committee of subject matter ex perts who review potential arrangements with taxable joint ventures Included in its revie w are a review for compliance with relevant tax laws and a review of whether the joint ven ture furthers the organization's exempt purpose Part VI, Line 19 - How and If the Governi ng Documents, Conflict of Interest Policy and Financial Statements are Made Available to t he Public St Joseph's Hospital, Inc publishes its financial statements with the Agency f or Health Care Administration Governing documents and policies are not available for publ ic inspection
Part XI, Line 9	CHANGE IN NET ASSETS OF FOUNDATION $1,292,934 CHANGE IN MINIMUM PENSION OBLIGATIONS $17,859,287 OTHER $60,339 ROUNDING $1 TOTAL $19,212,561

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314016284

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

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

(a) Name, address, and EIN (if applicable) 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 entity? Yes	(g) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Carillon Surg Ctr 900 Carillon St Pete, FL 33716 26-1116740	Health Srvcs	FL	NA	NA	0	0		No	0		No	0 %
(2) St Ant Phy Surg Ctr 705 16th S N St Pet, FL 33705 01-0861245	Health Srvcs	FL	NA	NA	0	0		No	0		No	0 %

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Healthpoint Management Services Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL 33634 65-0645457	Billing/Mgmt	FL	na	C corp	0	0	0 %	Yes	
(2) Healthpoint Medical Group Inc 4902 Eisenhower Blvd Suite 300 Tampa, FL 33634 59-3244268	Physician group	FL	na	C corp	0	0	0 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BayCare Health System Inc 2985 Drew St Clearwater, FL 33759 59-2796965	Support srvcs	FL	501(c)(3)	11A	NA		No
(1) St Joseph's Community Care Inc 3001 W Dr Martin Luther King Jr Tampa, FL 33607 59-3152608	Medical asst	FL	501(c)(3)	9	SJHCC	Yes	
(2) 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	
(3) South Florida Baptist Hospital Inc 301 N Alexander Street Plant City, FL 33563 59-0594631	Medical srvcs	FL	501(c)(3)	3	NA	Yes	
(4) St Joseph's Health Care Center Inc 3001 W Dr Martin Luther King Jr B Tampa, FL 33607 59-2593686	Support srvcs	FL	501(c)(3)	11B	NA	Yes	
(5) 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	
(6) St Joseph's Hospital Auxiliary Inc 3001 W Dr Martin Luther King Jr Bl Tampa, FL 33607 59-2131207	Supports SJH	FL	501(c)(3)	11C	NA		No
(7) 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	
(8) John Knox Village of Tampa Bay Inc 4100 Fletcher Ave Tampa, FL 33613 58-1377711	Retire cmmty	FL	501(c)(3)	9	SJHCC	Yes	
(9) St Anthony's Prof Building & Services 1200 7th Avenue North St Petersburg, FL 33705 59-2018848	Real Estate	FL	501(c)(3)	9	SJHCC	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Healthpoint Management Services Inc	a(iv)	154,619	FMV
St Joseph's Hospital of Tampa Foundation	c	1,510,014	FMV
Franciscan Properties Inc	k	996,825	FMV
Franciscan Properties Inc	l	122,939	FMV
St Joseph's Health Care Center Inc	m	33,543,948	FMV
St Joseph's Health Care Center Inc	o	68,078	FMV
South Florida Baptist Hospital Inc	o	226,023	FMV
Healthpoint Medical Group Inc	o	260,000	FMV
Franciscan Properties Inc	r	978,637	FMV
St Joseph's Health Care Center Inc	s	192,373	FMV
St Joseph's Hospital of Tampa Foundation	s	452,856	FMV
St Joseph's Enterprises Inc	s	106,328	FMV
South Florida Baptist Hospital Inc	r	169,174	FMV
Healthpoint Medical Group Inc	r	174,316	FMV

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS AND THEIR AFFILIATED ORGANIZATIONS

Combined Financial Statements and
Combining Schedules

December 31, 2013

(With Independent Auditors' Report Thereon)

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS
AND THEIR AFFILIATED ORGANIZATIONS

Table of Contents

KPMG LLP
Suite 1700
100 North Tampa Street
Tampa, FL 33602-5145

Independent Auditors' Report

The Board of Trustees
BayCare Health System, Inc

Report on the Financial Statements

We have audited the accompanying combined financial statements of St Joseph's Health Care Center, Inc , St Joseph's Hospital, Inc , and St Anthony's Hospital, Inc (collectively, the CHE Trinity, Inc BayCare Participants) and their affiliated organizations (the System), which comprise the combined balance sheet as of December 31, 2013, and the related combined statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audit We conducted our audit in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of the Catholic Health East BayCare Participants and their affiliated organizations as of December 31, 2013, and changes their in net assets, and their cash flows for the year then, ended in accordance with U S generally accepted accounting principles

Other Matters

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The combining information included in Schedules 1 and 2 is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The combining information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining information is fairly stated in all material respects in relation to the combined financial statements as a whole.

KPMG LLP

Tampa, Florida
March 20, 2014
Certified Public Accountants

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS AND THEIR AFFILIATED ORGANIZATIONS

Combined Balance Sheet

December 31, 2013

(In thousands)

Assets

Current assets		
Cash and cash equivalents	$	1,943
Short-term investments		72
Assets limited as to use		2,415
Accounts receivable, less allowance for uncollectible accounts of $115,037		136,987
Inventories		20,093
Prepaid expenses and other current assets		9,750
Total current assets		171,260
Investments		22,244
Assets limited as to use		11,717
Property and equipment, net		915,366
Due from affiliates		552,116
Other assets		28,064
Total assets	$	1,700,767

Liabilities and Net Assets

Current liabilities		
Accounts payable and accrued expenses	$	38,774
Employee compensation and benefits		38,148
Estimated third-party settlements		47,943
Current portion of long-term debt		659
Total current liabilities		125,524
Long-term debt, less current portion		840
Other liabilities		54,849
Total liabilities		181,213
Net assets		
Unrestricted		1,496,532
Temporarily restricted		21,820
Permanently restricted		1,202
Total net assets		1,519,554
Total liabilities and net assets	$	1,700,767

See accompanying notes to combined financial statements

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS
AND THEIR AFFILIATED ORGANIZATIONS

Combined Statement of Operations and Changes in Net Assets

Year ended December 31, 2013

(In thousands)

Operating revenues	
Patient service revenue (net of contractual adjustments and discounts)	$ 1,249,552
Provision for bad debts	(71,223)
Net patient service revenue less provision for bad debts	1,178,329
Other revenues	35,634
Total operating revenues	1,213,963
Operating expenses	
Salaries and benefits	569,377
Supplies	202,049
Other expenses	249,958
Depreciation and amortization	87,040
Interest	14,621
Total operating expenses	1,123,045
Operating income	90,918
Nonoperating gains (losses), net	
Investment income, net	3,179
Other nonoperating gains, net	2,185
Total nonoperating gains, net	5,364
Excess of revenues and gains over expenses	96,282
Net unrealized gains on other-than-trading securities	69
Net asset transfers from joint operating agreement participants	140,179
Net assets released from restrictions for purchase of property and equipment	100
Contributions for purchase of property and equipment	1,336
Pension related changes other than net periodic pension cost	16,815
Other	312
Increase in unrestricted net assets	255,093
Temporarily restricted net assets	
Contributions	2,861
Net unrealized gains on other-than-trading securities	390
Net assets released from restrictions for purchase of property and equipment	(100)
Net assets released from restrictions for operations	(2,850)
Other	(1)
Increase in temporarily restricted net assets	300
Permanently restricted net assets	
Net unrealized gains on other-than-trading securities	19
Increase in permanently restricted net assets	19
Increase in net assets	255,412
Net assets at beginning of year	1,264,142
Net assets at end of year	$ 1,519,554

See accompanying notes to combined financial statements

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS
AND THEIR AFFILIATED ORGANIZATIONS

Combined Statement of Cash Flows

Year ended December 31, 2013

(In thousands)

Cash flows from operating activities		
Increase in net assets	$	255,412
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Provision for bad debts		71,223
Depreciation and amortization		87,040
Loss on sale of assets		187
Net asset transfers from joint operating agreement participants		(140,179)
Restricted contributions		(2,861)
Earned entrance fees		(1,538)
Entrance fees and deposits received		1,588
Change in net unrealized gains on investments		(1,698)
Net realized gains on investments		(845)
Pension-related changes other than net periodic pension cost		(16,815)
Changes in		
Accounts receivable, net		(87,213)
Inventories		(952)
Prepaid expenses and other current assets		1,124
Due from affiliates		16,225
Other assets		(2,428)
Accounts payable and accrued expenses		(7,546)
Employee compensation and benefits		2,141
Estimated third-party settlements		(1,187)
Other liabilities		(730)
Net cash provided by operating activities		170,948
Cash flows from investing activities		
Purchases of property and equipment		(171,319)
Proceeds from sale of property and equipment		254
Purchases of investments and assets limited as to use		(24,487)
Proceeds from the sale of investments and assets limited as to use		23,548
Net cash used in investing activities		(172,004)
Cash flows from financing activities		
Refunds of deposits and endowment fees		(294)
Restricted contributions		2,861
Repayments of long-term debt		(1,241)
Net cash provided by financing activities		1,326
Increase in cash and cash equivalents		270
Cash and cash equivalents at beginning of year		1,673
Cash and cash equivalents at end of year	$	1,943
Supplemental disclosures of cash and noncash investing and financing activities		
Transfer of equipment to affiliated organization	$	6,998
Acquisition of property and equipment through accrued expenses	$	6,035

See accompanying notes to combined financial statements

(1) Organization

St Joseph's Health Care Center, Inc (HCC), St Joseph's Hospital, Inc (SJH), and St Anthony's Hospital, Inc (SAH) (collectively, the CHE Trinity, Inc (CHE) BayCare Participants) are not-for-profit corporations, exempt from state and federal income taxes, and are controlled affiliates of CHE

Effective July 1, 1997, CHE executed a joint operating agreement (JOA) along with Morton Plant Mease Health Care, Inc , South Florida Baptist Hospital, Inc (collectively, the Members), and BayCare Health System, Inc (BayCare), to develop a regional healthcare network providing for a collaborative effort in the areas of community healthcare delivery, enhanced access to healthcare services for the poor, and the sharing of other common goals The JOA provides for the Members to maintain ownership of their assets while agreeing to operate as one organization with common governance and management and is effective for a period of 50 years

Terms of the JOA provide that residual free cash flow, as defined, and funding for capital expenditures are allocated among the Members based on predetermined percentages The amount allocated to the CHE BayCare Participants and its affiliated entities from the other participants under the JOA totaled approximately $140,179,000 for the year ended December 31, 2013 This amount is included as a component of due from affiliates in the combined balance sheet and is a component of net asset transfers from JOA participants in the combined statement of operations and changes in net assets

These combined financial statements include the CHE BayCare Participants and its affiliated entities The affiliated entities, all located in Tampa Bay, Florida, include the following entities

Tampa entities	Pinellas entities
St Joseph's Hospital, Inc	St Anthony's Hospital, Inc
St Joseph's Health Care Center, Inc	St Anthony's Professional Buildings and Services, Inc
John Knox Village of Tampa Bay, Inc	St Anthony's Primary Care, LLC
St Joseph's Enterprises, Inc	St Anthony's Specialty Services, LLC
Franciscan Properties, Inc	SC Physicians, LLC
St Joseph's Community Care Clinic, Inc	St Anthony's Physicians Surgery Center, LLC
HealthPoint Medical Group, Inc	Carillon Surgery Center, LLC
HealthPoint Management Services, Inc	St Anthony's Health Care Foundation, Inc
Healthpoint Walk-in Care, LLC	
St Joseph's Diagnostic Center, LLC	
St Joseph's Hospital of Tampa Foundation, Inc	

These entities are hereafter referred to as the System All significant intercompany transactions among these entities have been eliminated from the combined financial statements

Investments in joint ventures are either consolidated or accounted for using the equity method based on the extent of the System's ownership or control, and are included in other long-term assets

(2) Summary of Significant Accounting Policies

(a) Use of Estimates

The preparation of these combined financial statements, in conformity with U S generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements, and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(b) Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with a maturity of three months or less when purchased, except those classified as assets limited as to use

(c) Assets Limited as to Use, Investments, and Investment Income

Assets limited as to use include assets held by the System under Florida Statutes and donor restrictions Amounts required to meet current liabilities of the System have been classified as current assets in the combined balance sheet

The System has designated substantially all of its investments as trading Investments in debt and equity securities with readily determinable fair values are measured at fair value using quoted market prices Investments in limited partnerships are reported using the estimated net asset value based on information provided by the respective partnership Investment income (including realized gains and losses, unrealized gains and losses on trading securities, interest, and dividends) is included in excess of revenues and gains over expenses unless such earnings are subject to donor-imposed restrictions Investment income restricted by donor stipulations is reported as an increase in temporarily restricted net assets Unrealized gains and losses on investments classified as other-than-trading are reported as a change in unrestricted net assets

(d) Inventories

Inventories consist principally of medical and surgical supplies and pharmaceuticals and are valued at lower of cost (first-in, first-out method) or market

(e) Property and Equipment

Property and equipment are recorded at historical cost at the date of acquisition or fair value at date of donation

Depreciation and amortization expense is calculated using the straight-line method over the estimated useful lives of the property and equipment or the lease term, whichever is less Routine maintenance and repairs are charged to expense as incurred Expenditures that increase capacities or extend useful lives are capitalized Interest cost on borrowed funds during the construction period is capitalized as a component of the cost of the assets

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from revenues and gains over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Property and equipment consist of the following at December 31, 2013 (in thousands)

Land	$	38,961
Land improvements		23,836
Buildings and improvements		1,067,665
Equipment		502,707
		1,633,169
Less accumulated depreciation and amortization		880,443
		752,726
Construction in progress		162,640
Property and equipment, net	$	915,366

Interest costs of approximately $1,564,000 were capitalized during the year ended December 31, 2013 Included in equipment are assets leased under capital leases with a net book value of approximately $2,305,000 net of accumulated amortization of approximately $1,093,000 at December 31, 2013

The System had construction commitments of approximately $132,596,000 relating to various construction projects as of December 31, 2013 The commitments include the construction of a 90-bed satellite hospital of St Joseph's Hospital, Inc The System expects to fund a small portion of the commitments from bond funds with the remaining to be funded through operations and the investment program managed by BayCare

The System reviews whether events and circumstances have occurred to indicate if the remaining useful life of long-lived assets may warrant revision or that the remaining balance of an asset may not be recoverable If such an event occurs, an assessment of possible impairment is based on whether the carrying amount of the assets exceeds the expected total undiscounted cash flows expected to result from the use of the assets and their eventual disposition If the undiscounted cash flows are less than the net book value of the assets, an impairment loss based on the fair value of the assets is recognized No impairments were recorded in 2013

(f) Goodwill

Goodwill of approximately $8,211,000, included in other assets, results from the excess of the amount paid over the fair value of tangible assets and liabilities of acquired healthcare businesses The System reviews goodwill for impairment at least annually or whenever events or circumstances indicate that the carrying value may not be recoverable in accordance with the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 350, *Accounting for Intangibles – Goodwill and Other*

The annual impairment test was completed and it was determined that no impairment existed at December 31, 2013 No recent events or circumstances have occurred to indicate that impairment may exist

(g) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the System has been limited by donors to a specific time period or purpose Temporarily restricted net assets are maintained primarily for the purposes of patient care-related services, capital improvements, research, and education During the year ended December 31, 2013, approximately $2,850,000 of restricted net assets were released for payment of operating expenses This amount is included as a component of excess of revenues and gains over expenses Permanently restricted net assets have been restricted by donors to be maintained by the System in perpetuity, the income from which is expendable to support the System's operations

(h) Net Patient Service Revenue

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments The System provides discounts to uninsured patients who do not qualify for Medicaid, charity care, or county funding

Revenue from the Medicare and Medicaid programs accounted for approximately 30% and 13% of the System's net patient service revenue for the year ended December 31, 2013 The composition of patient service revenue (net of contractual adjustments and discounts) but before the provision for bad debts recognized from these major payor sources is as follows (in thousands)

	Third-party payors	Self-pay	Total all payors
Patient service revenue (net of contractual adjustments and discounts)	$ 1,208,425	41,127	1,249,552

(Continued)

The System analyzes its past collection history and identifies trends by each of its major payor sources of patient service revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about the major payor sources of patient service revenue in evaluating the adequacy of the allowance for doubtful accounts

The System analyzes contractual amounts due from patients who have third-party coverage and provides an allowance for doubtful accounts and a provision for bad debts For self-pay patients, which includes those patients without insurance coverage and patients with deductibles and copayment balances for which third-party coverage exists for a portion of the bill, the System records a significant provision for bad debts for patients that are unwilling to pay for the portion of the bill representing their financial responsibility Account balances are charged off against the allowance for doubtful accounts after all means of collection have been exhausted The System follows established guidelines for placing certain past-due patient balances with a collection agency

The System's allowance for uncollectible accounts for self-pay patients was 54% of self-pay accounts receivable as of December 31, 2013 The System has not experienced significant changes in write-off trends and has not changed its uninsured discount or charity care policies for the year ended December 31, 2013

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates associated with these programs will change by a material amount in the near term Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined or as years are no longer subject to audits, reviews and investigations Net patient service revenue increased approximately $20,706,000 during the year ended December 31, 2013 due to final settlements on open cost report filings, specific settlement of certain appeal issues, and changes in recorded estimates for retroactive adjustments

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements Net patient accounts receivable included approximately $30,534,000, or 22%, due from the Medicare program and approximately $16,266,000, or 12%, due from the Medicaid program as of December 31, 2013 The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services

(i) Community Commitment

The System exists to meet the healthcare needs of the community Patients who are uninsured or underinsured and cannot pay for hospital services are eligible for either traditional or hardship charity consideration

The Agency for Health Care Administration (AHCA) defines traditional charity care eligibility at 200% of the federal poverty guidelines, unless the amount due from the patient exceeds 25% of annual family income limited to four times the poverty level In an effort to meet its mission, the System affords its patients a hardship charity, which is defined as 250% of the federal poverty

guidelines. Accordingly, services are being provided to the community at no charge or for which costs exceed the payments received. Because payment is not pursued from patients meeting these guidelines, such amounts are not reported as net patient service revenue.

Payments received from Medicaid and other means-tested (based on patients' income level) programs are significantly less than established patient charges and are less than management's estimate of the costs of providing those services. These payments reduce the community commitment costs. An assessment of 1.0% to 1.5% of certain operating revenue earned and recorded is paid by several of the System's affiliates to help fund the Florida Medicaid and indigent care program. The assessment has been included in the Medicaid and other means-tested program amounts below. Reimbursement received under the uncompensated and indigent care programs are included as subsidized costs.

Unbilled community services represent management's estimate of the cost of providing various programs to the community at no or little charge. These programs include health screenings, educational programs, sponsorships, and research.

The table below is a summary of the System's community commitment as measured by unreimbursed costs (estimated by the System's cost accounting system) as of December 31, 2013 (in thousands):

	Charity care	Medicaid and other means-tested programs	Unbilled community services	Total
Community commitment	$ 51,244	68,555	6,647	126,446
Subsidized costs	—	(1,661)	(67)	(1,728)
Net community commitment	$ 51,244	66,894	6,580	124,718

(j) Electronic Health Record Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and professionals that adopt and use electronic health records (EHR) in a meaningful way. Meaningful use is demonstrated by meeting established criteria that focus on capturing and using electronic health information to improve healthcare quality, efficiency, and patient safety.

The System records incentive payments under the grant accounting model. Revenue is recorded at the end of the EHR reporting period when it is reasonably assured that it has met the meaningful use requirements. The System recognized approximately $4,602,000 of incentive payments in other revenues for the year ended December 31, 2013. Incentive payment revenue is subject to change as

the result of audits of compliance with meaningful use criteria and Medicare cost reports, with changes recorded in the period they occur

(k) Excess of Revenues and Gains over Expenses and Changes in Unrestricted Net Assets

Activities deemed by the System to be a provision of healthcare services are reported as operating revenues and expenses Other activities that are peripheral to providing healthcare services are reported as nonoperating gains and losses Consistent with industry practice, other changes in unrestricted net assets are excluded from excess of revenues and gains over expenses

(l) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statement of operations and changes in net assets as net assets released from restrictions Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying combined financial statements

(m) Deferred Income

Deferred income, including deferred entrance fees of approximately $9,522,000, is included in other noncurrent liabilities in the combined balance sheet John Knox Village of Tampa Bay, Inc (the Village) defers entrance fees related to the sale of occupancy agreements and amortizes them over the estimated remaining life expectancy of each resident, with the life expectancy adjusted annually In the event of a resident's death, the obligations of the Village are considered fulfilled, and the unamortized portion of the fee is recognized as revenue, unless there is a refundable portion in the contract Occupancy agreements may be canceled by residents at any time for any reason, and under certain circumstances, a portion of the entrance fee may be returned to the residents Total contractual refund obligations, if all contracts were terminated at December 31, 2013, amounted to approximately $4,510,000

(n) Income Taxes

The majority of the affiliates within the System are not-for-profit organizations described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code, and are also exempt from state taxes Management believes that the unrelated business income generated by the System is not material to the combined financial statements

(o) Fair Value Measurements

The System applies the provisions of FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, to fair value measurements of financial and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the combined financial statements on a recurring and nonrecurring basis

Fair value guidance defines fair value as the exit price that would be received to sell an asset or paid to transfer a liability under current market conditions, in the principal or most advantageous market to the asset or liability, in an orderly transaction between market participants on the measurement date It requires assets and liabilities to be grouped into three categories based on certain criteria as noted below

- Level 1 Fair value is determined by using quoted prices for identical assets or liabilities in active markets

  The System's Level 1 assets include trading and other-than-trading investments in U S equities and mutual funds, and certain fixed income securities

- Level 2 Fair value is determined by using quoted prices for identical assets or liabilities in inactive markets, quoted prices for similar assets or liabilities in active markets, observable inputs other than quoted prices, and market corroborated inputs

  The System's Level 2 assets include trading and other-than-trading investments valued using the estimated net asset value per share of the investments and commingled trust funds, hedge funds, U S Treasuries, Treasury inflation-protected securities, other government securities, corporate debt securities, U S and international securities, and asset-backed securities with fair values modeled by external pricing

- Level 3 Fair value is determined by using inputs based on various assumptions that are not directly observable

  The System has no significant Level 3 assets limited as to use and investments as of December 31, 2013

(3) Assets Limited as to Use and Investments

St Joseph's Hospital of Tampa Foundation, Inc and St Anthony's Health Care Foundation, Inc (the Foundations), along with other members of BayCare, participate in an investment management program managed by BayCare Pooled investments are recorded at the Foundations' share of the carrying value of the BayCare Investment Pool Investment income and losses are allocated between the participants in the pool based upon investment balances The Foundations recognize the changes in their interest in the BayCare Investment Pool using a method that is similar to the equity method of accounting

The majority of assets limited as to use and investments held by the System are Level 1 as of December 31, 2013 See note 2(o) for a discussion of valuation methodologies

(4) Contingencies

(a) Professional Liability

Effective October 1, 1998, the System became insured through an insurance agreement with BayCare's wholly owned insurance captive for all incidents reported after September 30, 1998 The insurance provided by the captive is on a claims-made basis The estimated liability for known claims and claims incurred but not reported is recorded in BayCare's combined financial statements

(b) Litigation and Investigations

The System is currently the subject of litigation other than professional liability litigation, as well as inquiries by federal agencies The litigation generally involves matters of healthcare and employment law, as well as certain matters that arise in the ordinary course of business The inquiries generally involve the application of complex healthcare regulations The System is fully cooperating with the federal agencies in connection with their inquiries Based on current information, management believes at this time that the results of the litigation and inquiries are not likely to have a material adverse effect on the combined financial position and results of the System

(c) Operating Leases

The System has entered into noncancelable operating lease agreements for the rental of space, computer software, and equipment Future minimum lease payments associated with these lease agreements for each of the five years and thereafter subsequent to December 31, 2013 are as follows (in thousands)

2014	$	5,817
2015		5,575
2016		3,206
2017		1,834
2018		1,224
Thereafter		6,769
Total	$	24,425

(Continued)

Rental expense for operating leases totaled approximately $8,173,000 for the year ended December 31, 2013

(5) Retirement Plans

The System participates in the BayCare Health System Retirement Plan (the Retirement Plan), a defined contribution plan that covers substantially all employees who meet certain service requirements For these employees, the Retirement Plan provides that the System will contribute 2% of wages and also match 50% of the employee's contributions up to 6% of the contributing employee's wages The total contribution expense attributed to the Retirement Plan for the year ended December 31, 2013 was approximately $13,328,000

The System is a participant in the St Joseph's-St Anthony's Defined Benefit Pension Plan (the SJH-SAH Plan) The benefits are based on years of service and the employee's annual eligible earnings The funding policy is to contribute amounts to the SJH-SAH Plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974, plus such additional amounts as management may determine to be appropriate from time to time Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future The System funds the actuarially required contributions to the SJH-SAH Plan The total pension expense attributed to this plan, which has been allocated to the System for the year ended December 31, 2013, was approximately $2,843,000

As of October 1, 2001, employees who were participants in the SJH-SAH Plan were given a one-time option to remain in the SJH-SAH Plan or participate in the Retirement Plan For participants who elected to participate in the Retirement Plan, HCC froze their benefits so the participants no longer earn additional benefits for future services in the defined benefit pension plan The SJH-SAH Plan is frozen to new entrants

The authoritative guidance for the accounting for defined benefit pension and other postretirement benefit plans requires recognition in the combined balance sheet of the funded status of defined benefit pension plans and the recognition in unrestricted net assets of unrecognized gains or losses, prior service costs or credits, and transition assets or obligations existing at the time of adoption The funded status is measured as the difference between the fair value of the defined benefit pension plan's assets and the projected benefit obligation of the defined benefit pension plan The valuation of plan assets and the calculation of benefit obligations and funded status utilized a measurement date of December 31, 2013

The following are deferred pension costs, which have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets, as of December 31, 2013 (in thousands)

	Amounts recognized in unrestricted net assets at December 31, 2013	Amounts in unrestricted net assets to be recognized during the next fiscal year
Net actuarial loss	$ 11,314	3,283

Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees

The following table sets forth changes to the SJH-SAH Plan's benefit obligation, plan assets, and funded status (included in other noncurrent liabilities) as of December 31, 2013, the measurement date (in thousands)

Change in projected benefit obligation	
Projected benefit obligation at beginning of year	$ 165,193
Service cost	1,704
Interest cost	6,339
Actuarial loss	(9,449)
Benefits paid	(9,602)
Projected benefit obligation at end of year	154,185
Change in plan assets	
Fair value of plan assets at beginning of year	113,211
Actual return on plan assets	13,171
Contributions made	5,000
Benefits paid	(9,602)
Fair value of plan assets at end of year	121,780
Net amount recognized as accrued pension cost included in other noncurrent liabilities	$ (32,405)

The accumulated benefit obligation for the pension plan was approximately $152,575,000 at December 31, 2013

(Continued)

The following table summarizes components of net periodic pension cost of the SJH-SAH Plan for the year ended December 31, 2013 (in thousands)

Service cost	$	1,704
Interest cost		6,339
Expected return on plan assets		(6,496)
Amortization of net actuarial loss		1,736
Net periodic pension cost	$	3,283

Weighted average assumptions used to determine net periodic pension cost of the SJH-SAH Plan for the year ended December 31, 2013 are as follows

Discount rate	4 00%
Projected rate of increase in future compensation levels	4 00
Expected long-term rate of return on plan assets	6 10

Weighted average assumptions used to determine benefit obligations of the SJH-SAH Plan for the year ended December 31, 2013 are as follows

Discount rate	4 67%
Projected rate of increase in future compensation levels	3 00

The System expects to contribute approximately $5,000,000 to the SJH-SAH Plan prior to December 31, 2014

The benefits expected to be paid in each year from 2014 to 2018 are approximately $11,934,000, $11,493,000, $11,585,000, $11,396,000, and $11,331,000, respectively The aggregate benefits expected to be paid in the five years from 2019 to 2023 are approximately $57,292,000 The expected benefits to be paid are based on the same assumptions used to measure the System's benefit obligation at December 31, 2013 and include estimated future employee service

The investment objective of the SJH-SAH Plan is to produce a return on investment, which is based upon levels of liquidity and investment risk that are prudent and reasonable, given prevailing capital market conditions, which allows for payments of benefits to participants and their beneficiaries The investment objective also incorporates the financial condition of the plan, future growth of active and retired participants, inflation, and the rate of salary increases The SJH-SAH Plan's investment committee has selected market-based benchmarks to monitor the performance of the investment strategy and performs periodic reviews of investment performance

(Continued)

The investment strategy has a current target asset allocation policy as follows 35% fixed income securities, 30% domestic equities, 20% international equities, 10% hedge funds, and 5% Treasury Inflation Protected Securities (TIPS) The expected long-term rate of return on plan assets is based primarily on expectations of future returns for the defined benefit plan's investments, based upon the target asset allocation Additionally, the historical returns on comparable equity and fixed income investments are considered in the estimate of the expected long-term rate of return on plan assets

The table below summarizes the fair value of pension plan assets as of December 31, 2013 (in thousands) (see note 2(o) for discussion of valuation methods)

	December 31, 2013	Fair value measurements at reporting date	
		Level 1	Level 2
Asset category			
Cash	$ 71	71	—
Equity securities			
U S	38,451	7,828	30,623
International	24,941	—	24,941
Fixed income securities			
Core Holdings	40,129	26,209	13,920
Treasury Inflation (TIPS)	5,749	—	5,749
Hedge funds	12,439	—	12,439
Total	$ 121,780	34,108	87,672

There were no transfers between levels during the year

The fair values of the following pension plan assets have been estimated using the net asset value per share of the investments as of December 31, 2013 (in thousands) There are no unfunded commitments on any of these funds at December 31, 2013

		December 31, 2013	Redemption frequency	Redemption notice period
Asset category				
U S equity index fund (a)	$	30,623	Daily	None
International small cap equity partnership (b)		6,417	Monthly	15 days
International emerging markets equity partnership (c)		5,643	Monthly	10 days
International equities fund (d)		6,315	Daily	None
International equities partnership (e)		6,566	Monthly	15 days
TIPS commingled fund (f)		5,749	Daily	None
Long Duration core fixed income commingled fund (g)		13,920	Daily	None
Hedge fund of funds (h)		12,439	Semiannually	95 days
	$	87,672		

(a) The primary objective of the U S equity index fund is to approximate the risk and return characteristics of the S&P 500 Index This index is commonly used to represent the large-cap segment of the U S equity market This fund may participate in securities lending

(b) The international small cap equity partnership's investment objective is to outperform the MSCI EAFE Small Cap Market Index by investing in a portfolio of non-U S small cap equities

(c) The investment objective of the international emerging markets equity partnership is to outperform the MSCI Emerging Markets Index, net of dividend withholding taxes, by investing in a portfolio of non-U S emerging market equities

(d) The international equities fund seeks capital appreciation through investments in an international portfolio of equity securities of issuers located in countries of developed markets

(e) The primary objective of the international equities partnership is to achieve long-term total return by investing in value equity securities of non-U S issuers, including emerging markets

(f) The primary investment objective of the TIPS commingled fund is to match the risk and return characteristics of the Barclays Capital TIPS Index This fund may participate in securities lending

(g) The primary objective of the long duration core fixed income commingled fund is to outperform the total return of the Barclays Capital Long Government/Credit Index

(Continued)

(h) The hedge fund of funds' objective is to develop and actively maintain an investment portfolio of long-term returns, with low volatility and downside protection qualities

HealthPoint Management Services, Inc and HealthPoint Medical Services, Inc (HealthPoint) have implemented a deferred compensation plan that offers certain employees the opportunity to defer receipt of a portion of their salary HealthPoint withholds amounts from each employee and transfers the contribution to an independent plan administrator The assets in the Plan are considered assets of HealthPoint until paid or made available to the participants, subject to the claims of HealthPoint's general creditors The deferred compensation plan assets and corresponding liability of approximately $10,809,000 are included as other noncurrent assets and other noncurrent liabilities, respectively HealthPoint may make annual contributions to the plan at the discretion of the board of directors Total expense for this plan for the year ended December 31, 2013 was approximately $287,000

The table below summarizes the fair values of assets investments as of December 31, 2013 and 2012 (in thousands) See note 2(o) for a discussion of valuation methodologies

	Level 1 fair value measurements at the reporting date December 31 2013
Asset class	
Cash	$ 2,671
Equity securities	
U S	4,350
International	633
Fixed income securities	1,001
Other	2,154
	$ 10,809

(6) Related-Party Transactions

The amounts reported in the combined statement of operations and changes in net assets include approximately $157,112,000 paid to BayCare for information services, finance services, treasury services and other services, including professional liability, workers' compensation, and property insurance, interest expense, depreciation, employee benefits, and other services provided to the System

The CHE BayCare Participants are members of the BayCare Obligated Group, which consists of certain members of BayCare (collectively, the Obligated Entities) All of the outstanding bonds of the Obligated Entities are subject to a Master Trust Indenture and constitute BayCare Obligated Group indebtedness The outstanding amount of BayCare Obligated Group bond proceeds received to date by the System is included in due from affiliates in the accompanying combined balance sheet The covenants in connection with the long-term debt agreements described above provide for the maintenance of certain levels of debt coverage and working capital, certain restrictions on additional indebtedness, and certain types and amounts of insurance protection As a member of the BayCare Obligated Group, the Obligated Entities are liable for the BayCare Obligated Group bonds and other debt of the BayCare Obligated Group of approximately $974,720,000 as of December 31, 2013

Since bond payments are made at the BayCare level, Obligated Group entities are allocated an interest expense charge from BayCare As these payments are not made at the Obligated Group entity level, the combined statement of cash flows does not contain recognition and/or disclosure related to debt and interest payments on the outstanding bonds

Due from affiliates is a noncurrent asset since management of the System does not expect the amount to be received during 2013 The balance consists of the net cash flows of the Organization transferred to BayCare, less amounts paid by BayCare and Affiliates on behalf of the Organization

(7) Subsequent Events

The System has evaluated events and transactions occurring subsequent to December 31, 2013 as of March 20, 2014, which is the date the combined financial statements were available to be issued Management believes that no material events have occurred since December 31, 2013 that requires recognition or disclosure in the combined financial statements

COMBINING INFORMATION

Schedule 1

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS AND THEIR AFFILIATED ORGANIZATIONS

Combining Schedule – Balance Sheet Information

December 31, 2013

(In thousands)

Assets	St. Joseph's Hospital, Inc.	Other Tampa entities	St. Anthony's Hospital, Inc.	Other Pinellas entities	Subtotal	St. Joseph's and St. Anthony's Foundations	Eliminations	Combined
Current assets								
Cash and cash equivalents	$ 70	98	14	350	532	1,411	—	1,943
Short-term investments	—	—	—	—	—	72	—	72
Assets limited as to use	—	2,415	—	—	2,415	—	—	2,415
Accounts receivable, net	97,181	8,348	27,633	3,825	136,987	—	—	136,987
Inventories	14,639	130	4,624	700	20,093	—	—	20,093
Prepaid expenses and other current assets	4,726	1,620	1,591	770	8,707	1,043	—	9,750
Total current assets	116,616	12,611	33,862	5,645	168,734	2,526	—	171,260
Investments	—	—	—	—	—	22,244	—	22,244
Assets limited as to use	—	6,433	—	—	6,433	5,284	—	11,717
Property and equipment, net	621,982	118,299	97,824	77,228	915,333	33	—	915,366
Beneficial interest in net assets of foundation	11,303	6,538	11,507	—	29,348	—	(29,348)	—
Due from affiliates	384,568	338,777	(23,200)	(146,325)	553,820	(1,704)	—	552,116
Other assets	5,113	11,028	1,420	9,039	26,600	1,464	—	28,064
Total assets	$ 1,139,582	493,686	121,413	(54,413)	1,700,268	29,847	(29,348)	1,700,767
Liabilities and Net Assets								
Current liabilities								
Accounts payable and accrued expenses	$ 30,188	2,717	3,865	1,926	38,696	78	—	38,774
Employee compensation and benefits	20,285	9,596	6,690	1,478	38,049	99	—	38,148
Estimated third-party settlements	43,265	297	4,381	—	47,943	—	—	47,943
Current portion of long-term debt	—	13	—	646	659	—	—	659
Total current liabilities	93,738	12,623	14,936	4,050	125,347	177	—	125,524
Long-term debt, less current portion	—	21	—	819	840	—	—	840
Other liabilities	33,327	20,991	84	125	54,527	322	—	54,849
Total liabilities	127,065	33,635	15,020	4,994	180,714	499	—	181,213
Net assets (deficit)								
Unrestricted	999,488	459,103	97,348	(59,407)	1,496,532	9,219	(9,219)	1,496,532
Temporarily restricted	12,989	948	7,883	—	21,820	18,927	(18,927)	21,820
Permanently restricted	40	—	1,162	—	1,202	1,202	(1,202)	1,202
Total net assets (deficit)	1,012,517	460,051	106,393	(59,407)	1,519,554	29,348	(29,348)	1,519,554
Total liabilities and net assets (deficit)	$ 1,139,582	493,686	121,413	(54,413)	1,700,268	29,847	(29,348)	1,700,767

See accompanying independent auditors' report

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS AND THEIR AFFILIATED ORGANIZATIONS

Combining Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31, 2013

(In thousands)

	St. Joseph's Hospital, Inc.	Other Tampa entities	St. Anthony's Hospital, Inc.	Other Pinellas entities	Subtotal	St. Joseph's and St. Anthony's Foundations	Eliminations	Combined
Operating revenues								
Patient service revenue (net of contractual adjustments and discounts)	$ 848,894	90,274	245,858	64,526	1,249,552	—	—	1,249,552
Provision for bad debts	(49,527)	(4,266)	(16,645)	(797)	(71,235)	12	—	(71,223)
Net patient service revenue less provision for bad debts	799,367	86,008	229,213	63,729	1,178,317	12	—	1,178,329
Other revenues	11,362	17,245	2,208	4,819	35,634	—	—	35,634
Total operating revenues	810,729	103,253	231,421	68,548	1,213,951	12	—	1,213,963
Operating expenses								
Salaries and benefits	308,165	112,687	102,696	44,599	568,147	1,230	—	569,377
Supplies	136,118	10,041	42,453	13,366	201,978	71	—	202,049
Other expenses	179,460	6,550	43,926	19,278	249,214	744	—	249,958
Depreciation and amortization	55,183	12,113	14,616	5,120	87,032	8	—	87,040
Interest	10,231	742	3,195	453	14,621	—	—	14,621
Total operating expenses	689,157	142,133	206,886	82,816	1,120,992	2,053	—	1,123,045
Operating income (loss)	121,572	(38,880)	24,535	(14,268)	92,959	(2,041)	—	90,918
Nonoperating gains (losses), net								
Investment income, net	80	1	—	5	86	3,093	—	3,179
Changes in beneficial interest in unrestricted net assets of foundation	—	2,465	769	—	3,234	—	(3,234)	—
Other nonoperating gains (losses), net	376	(42)	74	(328)	80	2,105	—	2,185
Total nonoperating gains (losses), net	456	2,424	843	(323)	3,400	5,198	(3,234)	5,364
Excess (deficiency) of revenues and gains over expenses	122,028	(36,456)	25,378	(14,591)	96,359	3,157	(3,234)	96,282
Net unrealized gains (losses) on other-than-trading securities	—	(8)	—	—	(8)	77	—	69
Net asset transfers from joint operating agreement participants	—	140,179	—	—	140,179	—	—	140,179
Net assets released from restrictions for purchases of property and equipment	100	—	—	—	100	—	—	100
Contributions for purchase of property and equipment	1,184	—	152	—	1,336	—	—	1,336
Pension related changes other than net periodic pension cost	17,859	(1,044)	—	—	16,815	—	—	16,815
Other	—	—	—	312	312	—	—	312
Increase (decrease) in unrestricted net assets	141,171	102,671	25,530	(14,279)	255,093	3,234	(3,234)	255,093

(Continued)

CATHOLIC HEALTH EAST BAYCARE PARTICIPANTS AND THEIR AFFILIATED ORGANIZATIONS

Combining Schedule – Statement of Operations and Changes in Net Assets Information

Year ended December 31, 2013

(In thousands)

	St. Joseph's Hospital, Inc.	Other Tampa entities	St. Anthony's Hospital, Inc.	Other Pinellas entities	Subtotal	St. Joseph's and St. Anthony's Foundations	Eliminations	Combined
Temporarily restricted net assets								
Contributions	$ 346	—	147	—	493	2,368	—	2,861
Net unrealized gain (loss) on other-than-trading securities	—	(96)	—	—	(96)	486	—	390
Net assets released from restrictions for purchase of property and Equipment	(100)	—	—	—	(100)	—	—	(100)
Net assets released from restrictions for operations	(211)	—	(218)	—	(429)	(2,421)	—	(2,850)
Change in beneficial interest in net assets of foundation	(286)	—	718	—	432	—	(432)	—
Other	—	—	—	—	—	(1)	—	(1)
Increase (decrease) in temporarily restricted net assets	(251)	(96)	647	—	300	432	(432)	300
Permanently restricted net assets								
Change in beneficial interest in net assets of foundation	—	—	19	—	19	—	(19)	—
Net unrealized gains on other-than-trading securities	—	—	—	—	—	19	—	19
Increase in permanently restricted net assets	—	—	19	—	19	19	(19)	19
Increase (decrease) in net assets	140,920	102,575	26,196	(14,279)	255,412	3,685	(3,685)	255,412
Net assets (deficit), beginning of year	871,597	357,476	80,197	(45,128)	1,264,142	25,663	(25,663)	1,264,142
Net assets (deficit), end of year	$ 1,012,517	460,051	106,393	(59,407)	1,519,554	29,348	(29,348)	1,519,554

See accompanying independent auditors' report