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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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) 3003 W DR MARTIN LUTHER KING BLVD | Room/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 $ 1,340,427,651

F Name and address of principal officer
GLENN WATERS
3003 W DR MARTIN LUTHER K
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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE OST 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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7,524
6	Total number of volunteers (estimate if necessary)	6	1,208
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,137,871
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,369,529

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,489,618	8,349,975
	9	Program service revenue (Part VIII, line 2g)	1,249,397,265	1,320,927,646
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,096,019	-11,470
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,831,368	11,091,530
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,266,622,232	1,340,357,681
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,455	39,000
	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)	415,212,812	432,249,393
	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)	650,468,028	721,344,282
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,065,726,295	1,153,632,675
	19	Revenue less expenses Subtract line 18 from line 12	200,895,937	186,725,006
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,584,817,104	1,753,104,088
	21	Total liabilities (Part X, line 26)	102,649,054	79,371,668
	22	Net assets or fund balances Subtract line 21 from line 20	1,482,168,050	1,673,732,420

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 — Date 2018-11-06

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
MELANIE MCPEAK	MELANIE MCPEAK	2018-11-05		P01346034

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 201 NORTH FRANKLIN STREET SUITE 2400 TAMPA, FL 33602 — Phone no (813) 225-4800

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 $ 956,690,299 including grants of $ 39,000) (Revenue $ 1,324,124,002)

See Additional Data

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 ▶** 956,690,299

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	Yes	
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
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**	718			
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**	7,524			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring 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 18			
	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 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its 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, address, and telephone number of the person who possesses the organization's books and records
▶JANICE POLO EVP & CFO 2985 DREW STREET CLEARWATER, FL 33759 (727) 820-8021

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	1,500,531	4,441,726	526,714

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 ▶ 303

		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**	Yes	
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
BAY LINEN INC 11525 47TH ST N CLEARWATER, FL 33762	LAUNDRY SERVICES	5,662,935
CHILDRENS HOSPITAL PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224	PHYSICIAN SERVICES	4,567,390
AMERICAN ANESTHESIOLOGY OF FL PO BOX 281034 ATLANTA, GA 30384	ANESTHESIOLOGY SERVICES	3,475,040
BRASFIELD & GORRIE LLC 941 W MORSE BLVD WINTER PARK, FL 32789	CONSTRUCTION SERVICES	3,313,794
HELLMUTH OBATA & KASSABAUM INC 211 N BROADWAY SAINT LOUIS, MO 63102	CONSTRUCTION SERVICES	3,299,032

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 ▶ 140

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	1,357,512				
e Government grants (contributions)	1e	5,921,351				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,071,112				
g Noncash contributions included in lines 1a-1f $						
h **Total.** Add lines 1a-1f ▶			8,349,975			
Program Service Revenue	Business Code					
2a HOSPITAL PATIENT CARE	621500		812,697,973	810,667,649	2,030,324	
b ~~MEDICARE/MEDICAID PMNT~~	621990		508,229,673	508,229,673		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶			1,320,927,646			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶						
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents	213,361					
b Less rental expenses	0					
c Rental income or (loss)	213,361					
d Net rental income or (loss) ▶			213,361			213,361
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory		58,500				
b Less cost or other basis and sales expenses		69,970				
c Gain or (loss)		-11,470				
d Net gain or (loss) ▶			-11,470			-11,470
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 ▶						
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 ▶						
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 ▶						
Miscellaneous Revenue	Business Code					
11a CAFETERIA	722514		7,574,266			7,574,266
b OTHER HEALTH SVCS REV	621990		3,303,903	3,196,356	107,547	
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			10,878,169			
12 **Total revenue.** See Instructions ▶			1,340,357,681	1,322,093,678	2,137,871	7,776,157

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	39,000	39,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	420,303		420,303	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	365,182,073	363,123,704	2,058,369	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,255,534	15,169,545	85,989	
9 Other employee benefits	24,977,555	24,836,768	140,787	
10 Payroll taxes	26,413,928	26,243,806	170,122	
11 Fees for services (non-employees)				
a Management				
b Legal	281,900		281,900	
c Accounting	1,743		1,743	
d Lobbying	14,113	14,113		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,123,164	53,743,089	3,380,075	
12 Advertising and promotion	272,114	264,062	8,052	
13 Office expenses	15,192,840	15,044,719	148,121	
14 Information technology	2,155,676	1,142,726	1,012,950	
15 Royalties . .				
16 Occupancy	17,006,951	16,926,427	80,524	
17 Travel	2,068,822	1,954,050	114,772	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	14,757,802	14,757,802		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	63,462,425	63,346,603	115,822	
23 Insurance . . .	26,982,210	24,922,324	2,059,886	
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	189,189,298	189,188,786	512	
b MANAGEMENT FEES	153,245,011		153,245,011	
c BAD DEBT EXPENSE	92,605,850	92,605,850		
d PHYSICIAN FEES	36,159,449	3,686,038	32,473,411	
e All other expenses	50,824,914	49,680,887	1,144,027	
25 **Total functional expenses.** Add lines 1 through 24e	1,153,632,675	956,690,299	196,942,376	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 IX . . . ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			42,827	1	115,769
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			136,562,500	4	129,291,080
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	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				6	
	7	Notes and loans receivable, net			1,202,503	7	1,346,421
	8	Inventories for sale or use			22,618,632	8	24,861,895
	9	Prepaid expenses and deferred charges			4,827,129	9	5,289,439
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,378,580,925			
	b	Less accumulated depreciation	10b	737,420,250	670,710,431	10c	641,160,675
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			4,331,814	13	5,460,238
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			744,521,268	15	945,578,571
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,584,817,104	16	1,753,104,088
Liabilities	17	Accounts payable and accrued expenses			45,681,626	17	55,476,980
	18	Grants payable				18	
	19	Deferred revenue			228,105	19	198,985
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	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				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			56,739,323	25	23,695,703
	26	**Total liabilities.** Add lines 17 through 25			102,649,054	26	79,371,668
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			1,479,954,578	27	1,671,539,054
	28	Temporarily restricted net assets			2,213,472	28	2,193,366
	29	Permanently restricted net assets				29	
		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			1,482,168,050	33	1,673,732,420
	34	Total liabilities and net assets/fund balances			1,584,817,104	34	1,753,104,088

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	1,340,357,681
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,153,632,675
3	Revenue less expenses Subtract line 2 from line 1	3	186,725,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,482,168,050
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	4,839,364
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,673,732,420

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 (2017)

Form 990, Part III, Line 4a:

ST JOSEPH'S HOSPITAL, INC (SJH) IS A FULL-SERVICE 1,002-BED COMMUNITY HOSPITAL DURING 2017, SJH PROVIDED INPATIENT CARE TO 59,261 PATIENTS, TREATED 262,213 PATIENTS IN THE EMERGENCY DEPARTMENT, AND DELIVERED 8,638 BABIES THROUGH EFFORTS OF THE MEDICAL ASSISTANCE PROGRAM AND THE HOSPITAL'S CHARITY CARE PROGRAM, SJH SAW A NET COMMUNITY BENEFIT EXPENSE OF OVER $151 MILLION THE HOSPITAL ALSO PROVIDED OTHER COMMUNITY SERVICES TOTALING NEARLY $7 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

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT BASKIN TRUSTEE	1 00 0 00	X						0	0	0
ROBERTA BRUNNER TRUSTEE	1 00 0 00	X						0	0	0
HUGH CAMPBELL TRUSTEE	1 00 0 00	X						0	0	0
JANE CASTOR TRUSTEE	1 00 0 00	X						0	0	0
AVRIL CHIN FATT TRUSTEE	1 00 0 00	X						0	0	0
RICK COLON TRUSTEE/CHAIR	1 00 1 00	X		X				0	0	0
COLEMAN DAVIS TRUSTEE	1 00 1 00	X						0	0	0
RALPH GARCIA TRUSTEE/TREASURER	1 00 0 00	X		X				0	0	0
RICHARD GLORIOSO TRUSTEE	1 00 0 00	X						0	0	0
TRACY HALME TRUSTEE	1 00 1 00	X						0	0	0

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JONATHAN JENNEWEIN TRUSTEE/VICE CHAIR/SECRETARY	1 00 1 00	X		X				0	0	0
DONNA JORDAN TRUSTEE	1 00 1 00	X						0	0	0
DOUGLAS MCFADDEN TRUSTEE	1 00 0 00	X						0	0	0
STEPHAN MENDOZA TRUSTEE	1 00 0 00	X						0	0	0
WILLIAM MORROW TRUSTEE	1 00 0 00	X						0	0	0
ERIC OBECK TRUSTEE/IMM PAST CHAIR	1 00 1 00	X						0	0	0
DOMENICK REINA TRUSTEE	1 00 0 00	X						0	0	0
MATTHEW RICE TRUSTEE	1 00 0 00	X						0	0	0
BRUCE RODWELL TRUSTEE	1 00 1 00	X						0	0	0
ELAINE SHIMBERG TRUSTEE	1 00 0 00	X						0	0	0

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	**(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
PAT SHIRLEY TRUSTEE	1 00 1 00	X						0	0	0
GLENN WATERS TRUSTEE/PRES/EVP, COO BAYCARE	1 00 45 00	X		X				0	1,581,392	76,036
CARL TREMONTI VP, CFO BAYCARE HOSP DIV	1 00 45 00			X				0	680,038	32,073
KIMBERLY GUY PRES SJH/SVP MARKET LEADER HILLSB	1 00 45 00				X			0	743,985	42,304
PAULA MCGUINESS PRES ST JOSEPH'S HOSP NORTH	1 00 45 00				X			0	426,909	54,373
KATE REED PRES SJWH & SJCH	1 00 45 00				X			0	242,764	21,193
MATTHEW NOVAK PRES SJH SOUTH	1 00 45 00				X			0	277,501	41,087
JOANNE MAYERS VP, PATIENT SVCS/CNO - EAST	45 00 0 00				X			204,896	0	35,631
LORRAINE SARGENT DIRECTOR IMAGING EAST REGION	45 00 0 00				X			161,910	0	23,190
MICHAEL HANCE DIRECTOR OPERATIONS ST JOSEPH'S HOSP SOUTH	45 00 0 00					X		222,999	0	19,913

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
KAREN HOWELL DIR PATIENT SERVICES - SJW	45 00 0 00					X		235,034	0	15,039
LYDIA BOUTROS CLINICAL PHARMACIST	45 00 0 00					X		229,845	0	10,781
MELANIE DESOUZA MEMBER PHYSICIAN-PRIMARY CARE	45 00 0 00					X		237,919	0	37,339
DELPHINE BALLARD DIRECTOR, REHABILITATION & WOUND CARE	45 00 0 00					X		207,928	0	21,200
MICHAEL SMITH FORMER PRES SJH SOUTH	1 00 45 00						X	0	408,905	89,567
CATHY YODER FORMER TREASURER	1 00 45 00						X	0	80,232	6,988

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

OMB No 1545-0047

2017

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** 2017	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)**2013	**(b)**2014	**(c)**2015	**(d)**2016	**(e)**2017	**(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 VI 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2017.** 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—2016.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	**2b**		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 59-0774199
Name: ST JOSEPH'S HOSPITAL INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
2					
3					
4					
5					
6					

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		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(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 on 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		4,600
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		14,113
j	Total Add lines 1c through 1i			18,713
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C PART II - B, LINE 1B, 1G AND 1I SUPPLEMENTAL INFORMATION	LINE 1B AND 1G LOBBYING ACTIVITIES PERFORMED BY EMPLOYEES CONCERNING HEALTH ISSUES LINE 1I DUES WERE PAID TO THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS, FLORIDA ASSOCIATION OF CHILDREN'S HOSPITALS, 340B HEALTH, GREATER TAMPA CHAMBER OF COMMERCE AND THE NATIONAL ASSOCIATION OF PSYCHIATRIC HEALING THESE ORGANIZATIONS USE A PORTION OF THEIR RESPECTIVE DUES TO CONDUCT LOBBYING ACTIVITIES

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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, for escrow or custodial account liability? ☐ **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" on 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 on 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" on 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" on 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		939,228,970	407,663,669	531,565,301
c Leasehold improvements		1,312,923	773,272	539,651
d Equipment		417,979,426	328,983,309	88,996,117
e Other		14,323,197		14,323,197
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				641,160,675

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DEPOSITS	243,749
(2) PPD PHYSICIAN RECRUITMENT LT	569,803
(3) DUE FROM AFFILIATES	884,020,220
(4) EST THIRD PARTY SETTLEMENTS	60,744,799
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	945,578,571

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
NONCURRENT PENSION OBLIGATION	23,072,241
SERP LIABILITY	371,372
ASSET RETIREMENT OBLIGATION ST	194,116
ASSET RETIREMENT OBLIGATION LT	57,974
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	23,695,703

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,246,394,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	1,246,394,319
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	93,963,362		
c	Add lines **4a** and **4b**			4c	93,963,362
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,340,357,681

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

1	Total expenses and losses per audited financial statements			1	1,061,026,825
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	0
3	Subtract line **2e** from line **1**			3	1,061,026,825
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	92,605,850		
c	Add lines **4a** and **4b**			4c	92,605,850
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,153,632,675

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-0774199
Name: ST JOSEPH'S HOSPITAL INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT BELIEVES THAT ALL TAX POSITIONS TAKEN WITH RESPECT TO EXEMPT STATUS ISSUES AND UBTI ISSUES, IF EXAMINED BY THE IRS WITH FULL KNOWLEDGE OF ALL MATERIAL FACTS, ARE MORE LI KELY THAN NOT TO BE SUSTAINED THEREFORE, THE FULL BENEFITS OF THE TAX POSITIONS TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 92,605,850 CONTRIBUTIONS IN NET ASSETS 1,357,512

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 92,605,850

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

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

			Yes	No
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 25000 0000000000 %

			Yes	No
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 ______ %

			Yes	No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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)	1	34,617	32,808,294	0	32,808,294	3 090 %
b Medicaid (from Worksheet 3, column a)	1	138,893	257,049,711	146,938,176	110,111,535	10 380 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	1	10,211	11,787,722	5,392,123	6,395,599	0 600 %
d **Total** Financial Assistance and Means-Tested Government Programs	3	183,721	301,645,727	152,330,299	149,315,428	14 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	54	82,012	2,322,094	0	2,322,094	0 220 %
f Health professions education (from Worksheet 5)	19	1,609	4,424,810	0	4,424,810	0 420 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,441	65,414	0	65,414	0 010 %
j **Total.** Other Benefits	75	85,062	6,812,318		6,812,318	0 650 %
k **Total.** Add lines 7d and 7j	78	268,783	308,458,045	152,330,299	156,127,746	14 720 %

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 92,605,850			
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 45,270,522			
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	155,203,735
6	Enter Medicare allowable costs of care relating to payments on line 5	6	184,301,907
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-29,098,172

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

			Yes	No
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? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		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 letter of facility reporting group ST JOSEPH'S HOSPITAL INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
	j ☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
	a ☑ Hospital facility's website (list url) HTTPS //BAYCARE ORG/SJH/ABOUT-US/COMMUNITY-HEALTH-NEEDS			
	b ☑ Other website (list url) HTTPS //BAYCARE ORG/SJHN/ABOUT-US/COMMUNITY-HEALTH-NEEDS			
	c ☐ Made a paper copy available for public inspection without charge at the hospital facility			
	d ☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, 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 (FAP)

Name of hospital facility or letter of facility reporting group ST JOSEPH'S HOSPITAL INC

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of 0 000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) HTTPS //BAYCARE ORG/MOBILE/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url) HTTPS //BAYCARE ORG/MOBILE/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url) HTTPS //BAYCARE ORG/MOBILE/FINANCIAL-ASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group ST JOSEPH'S HOSPITAL INC

			Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	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(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☑ Other similar actions (describe in Section C)			
	f ☐ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized 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?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency(ies)			
	b ☐ Selling an individual's debt to another party			
	c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d ☐ Actions that require a legal or judicial process			
	e ☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c ☑ Processed incomplete and complete FAP applications			
	d ☑ Made presumptive eligibility determinations			
	e ☐ Other (describe in Section C)			
	f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	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 Section C)			
	d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ST JOSEPH'S HOSPITAL INC

		Yes	No
22 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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☑ The hospital facility used a prospective Medicare or Medicaid method			
23 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?	**23**		No
If "Yes," explain in Section C			
24 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?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? **8**

	Name and address	Type of Facility (describe)
1	1 - TAMPA CARE CLINIC 4600 NORTH HABANA AVE SUITE 15 TAMPA, FL 33614	OUTPATIENT CLINIC (HIV CLINIC)
2	2 - SJH CHILDREN'S SPECIALTY CENTER-N TAMPA 15045 BRUCE B DOWNS BLVD TAMPA, FL 33647	OP REHABILITATION FOR CHILDREN AND ADOLESCENTS
3	3 - SJH CHILDREN'S SPECIALTY CENTER-BRANDON 10817 BLOOMINGDALE AVE RIVERVIEW, FL 33578	OP REHABILITATION FOR CHILDREN AND ADOLESCENTS
4	4 - SJH PHYSICAL THERAPY & SPORTS REHAB 310 S MACDILL AVE TAMPA, FL 33609	OUTPATIENT REHABILIATION
5	5 - SJH BEHAVIORAL HEALTH CENTER 4918 N HABANA AVE TAMPA, FL 33614	IP PSYCH UNIT
6	6 - SJH CHILDREN'S SPECIALTY CENTER-MEASE C 3253 N MCMULLEN BOOTH RD SUITE 100 CLEARWATER, FL 33761	OP REHABILITATION SVCS FOR CHILDREN AND ADOLESCENTS
7	7 - ST JOSEPH PINELLAS CARE CLINIC 3554 1ST AVE SOUTH ST PETERSBURG, FL 33713	OUTPATIENT CLINIC
8	8 - ST JOSEPH'S OUTPATIENT REH CENTER 3003 W DR MLK JR BLVD 2ND FLOOR TAMPA, FL 33607	OUTPATIENT REHABILIATION
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

990 Schedule H, Supplemental Information

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 AUTOMATICALLY 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 PRESUMPTIVE FINANCIAL ASSISTANCE DECISIONS FOR UNINSURED ER PATIENTS MAY BE DETERMINED BASED ON THIRD PARTY ANALYTICS, USING A CREDIT INQUIRY PROCESS, UNDER THE FOLLOWING CIRCUMSTANCES - UNINSURED ACCOUNTS OF PATIENTS NOT SEEN BY THE FINANCIAL ASSISTANCE TEAM OR WITHOUT A CURRENT FINANCIAL ASSISTANCE APPLICATION ON FILE - THE REPORTED FEDERAL POVERTY LEVEL (FPL) OF THE PATIENT MEETS THE ST JOSEPH'S HOSPITAL CRITERIA FOR FINANCIAL ASSISTANCE (250%)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS AVAILABLE TO THE PUBLIC AND WAS PREPARED BY BAYCARE HEALTH SYSTEM INC, A RELATED ORGANIZATION

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE OF $92,605,850 WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS REPORTED AS TOTAL BAD DEBT FOR THE FACILITY THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS POTENTIALLY 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	SEE PART III, LINE 2

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE ON PAGE 11 AND 12 OF THE BAYCARE HEALTH SYSTEM, INC AND AFFILIATES NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 65% 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) ($29,098,172) - ADDITIONAL NON-ALLOWABLE COSTS AND UNPAID/NON-REIMBURSED COINSURANCE/DEDUCTIBLES ($27,964,038) - TOTAL SURPLUS OR (SHORTFALL) ($57,062,210)

990 Schedule H, Supplemental Information

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), THE PATIENT'S ACCOUNT BALANCE WOULD BE WRITTEN OFF COMPLETELY TO CHARITY AND NOT BILLED TO THE PATIENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	ST JOSEPH'S HOSPITAL IS AN ACUTE CARE FACILITY SERVING ALL OF HILLSBOROUGH AND PASCO COUNTIES AND PARTS OF SEVERAL SURROUNDING COUNTIES THE AVERAGE HOUSEHOLD 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 22 2% OF THE POPULATION 12 6% OF HOUSEHOLDS HAVE ANNUAL HOUSEHOLD INCOME BELOW $15,000 PER YEAR THE POPULATION SERVED BY ST JOSEPH'S HOSPITAL IS EXPECTED TO GROW 7 1% IN THE NEXT 5 YEARS THIS IS HIGHER THAN THE EXPECTED GROWTH RATE OF 3 8% FOR THE UNITED STATES ST JOSEPH'S HOSPITAL IS PART OF BAYCARE HEALTH SYSTEM THAT SERVES WEST CENTRAL FLORIDA THE AREA SERVED BY THE ST JOSEPH'S HOSPITALS HAS 26 ACUTE CARE HOSPITALS (17 NOT-FOR-PROFIT) AND 4 LONG TERM ACUTE CARE HOSPITALS (2 NOT-FOR-PROFIT) THERE ARE 4 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS AND 12 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED POPULATIONS IN ST JOSEPH'S HOSPITAL'S SERVICE AREA WITH THE SERVICE AREA EXPANDING AND THE OVER 65 POPULATION EXPECTED TO GROW 19 0% 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 10/01/2016-9/30/2017, THE PAYER MIX FOR THE GEOGRAPHIC AREA CONSISTS OF 48 7% MEDICARE/MEDICARE HMO, 17 2% MEDICAID/MEDICAID HMO, 21 5% COMMERCIAL INSURANCE, 7 7% SELF PAY/NON-PAY, AND 4 9% OTHER

Form and Line Reference	Explanation
PART VI, LINE 5	ST JOSEPH'S HOSPITAL, INC ST JOSEPH'S HOSPITAL WAS FOUNDED IN 1934 AS A MISSION OF THE F RANCISCAN SISTERS OF ALLEGANY, WHO TRAVELED FROM NEW YORK DURING THE GREAT DEPRESSION TO B RING 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, SERV ICES AND FACILITIES HAVE GROWN DRAMATICALLY TO INCLUDE A CHILDREN'S HOSPITAL, A WOMEN'S HO SPITAL, NEW PATIENT CARE BUILDINGS, PLUS HEART AND CANCER INSTITUTES IN RECENT YEARS, ST JOSEPH'S HAS FURTHER IMPROVED ACCESS TO CARE EACH BY OPENING HOSPITALS IN AREAS THAT WERE PREVIOUSLY UNDERSERVED THE FIRST OF THESE WAS ST JOSEPH'S HOSPITAL-NORTH, A $225 MILLIO N, 76-BED COMMUNITY HOSPITAL IN NORTHERN HILLSBOROUGH COUNTY THAT OPENED IN 2010 FIVE YEA RS LATER, ST JOSEPH'S HOSPITAL-SOUTH OPENED IN SOUTHERN HILLSBOROUGH COUNTY THIS STATE-O F-THE-ART FACILITY INCLUDES 90 PRIVATE PATIENT ROOMS, 22 PRIVATE OBSERVATION ROOMS AND A 3 2-BED EMERGENCY CENTER, BRINGING A FULL-SERVICE NOT-FOR-PROFIT HOSPITAL TO A PREVIOUSLY ME DICALLY UNDERSERVED COMMUNITY WHILE MUCH HAS CHANGED OVER THE YEARS, ST JOSEPH'S HOSPITA L'S COMMITMENT TO IMPROVE THE HEALTH OF ITS COMMUNITY THROUGH ACCESSIBLE, COMPASSIONATE AN D FAMILY-FOCUSED HEALTH CARE SERVICES REMAINS FOR MORE THAN 80 YEARS, OUR TEAM MEMBERS HA VE 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 DO ZENS OF PATIENTS WHO WERE HOSPITALIZED DURING THE 12 PREVIOUS MONTHS FIRST, CASEWORKERS I DENTIFY FAMILIES WHO WERE FACING DIFFICULT TIMES EVEN BEFORE THEY ENCOUNTERED A PERSONAL H EALTH 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 CONTI NUES TO GIVE BACK TO THE COMMUNITY BY DOING WHAT IT DOES BEST - GIVING EVEN MORE ST JOSE PH'S HOSPITAL SERVES AS THE SAFETY NET FOR THE COMMUNITY NOT JUST BY PROVIDING EMERGENCY SERVICES FOR ANYONE 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 TH E ROAD OR ACROSS AN OCEAN CARING TEAM MEMBERS HAVE WORKED TIRELESSLY TO HELP PATIENTS TRA NSITION FROM THE HOSPITAL SETTING TO THE NEXT LEVEL OF CARE, TAKING INTO CONSIDERATION PAT IENTS' SPECIAL NEEDS AND LACK OF FINANCIAL RESOURCES OTHERS HAVE DONATED THEIR TIME AND T ALENT TO MISSION TRIPS, BROUGHT COMFORT ITEMS TO PATIENTS WITH SPECIFIC CULTURAL NEEDS AND WORKED TIRELESSLY TO EXTEND THE FRANCISCAN TRADITION OF HOSPITALITY TO ALL COMMUNITY OUTR EACH & PARTNERSHIPSTHROUGH EDUCATION AND A FOCUS ON PREVENTION AND EARLY DETECTION, ST JO SEPH'S HOSPITALS ARE BUILDING A HEALTHIER COMMUNITY WHILE REDUCING SUFFERING AND TOTAL HEA LTH CARE COSTS THROUGH COMMUNITY HEALTH IMPROVEMENT PROGRAMS, WHICH INCLUDE HEALTH SCREEN INGS, PHYSICIAN LECTURES, SUPPORT GROUPS, HEALTH FAIRS AND MOBILE CLINICS, THE HOSPITAL TO UCHED MORE THAN 80,000 LIVES IN 2017 MORE THAN $6 MILLION WAS SPENT IN 2017 TO SUPPORT OUR STRATEGIC DIRECTIONS TO FOSTERING AND IMPLEMENT COMMUNITY RELATIONSHIPS AND PARTNERSHIPS TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY BY COLLABORATING WITH COMMUNITY PARTNERS AN D 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 CO MMUNITY PARTNERSHIPS INCLUDE - ST JOSEPH'S CANCER INSTITUTE PARTNERS WITH THE AMERICAN C ANCER SOCIETY (ACS) TO PROVIDE PATIENT INFORMATION AND SUPPORT IN 2017, ST JOSEPH'S HOSP ITAL WAS A PARTNER FOR ACS'S MAKING STRIDES AGAINST BREAST CANCER AND RELAY FOR LIFE WALKS IN ADDITION, THE HOSPITAL HOSTS FREE CANCER SUPPORT GROUPS AND LECTURES ON TOPICS SUCH A S COLON CANCER, OVARIAN AND GYNECOLOGIC CANCER, BREAST CANCER, PROSTATE CANCER AND MORE M EANWHILE, ST JOSEPH'S CANCER HELPLINE SERVES AS A FREE, CONFIDENTIAL RESOURCE FOR INFORMA TION ABOUT THE DISEASE AS WELL AS REFERRALS TO PHYSICIANS, COMMUNITY PROGRAMS AND HOSPITAL SERVICES - ST JOSEPH'S COLLABORATES WITH THE SUSAN G KOMEN FOUNDATION, THE JUDEO-CHRIS TIAN CLINIC, THE FLORIDA DEPARTMENT OF HEALTH BREAST & CERVICAL EARLY DETECTION PROGRAM AN D THE SISTERS NETWORK TO OFFER BREAST HEALTH RISK ASSESSMENTS AND HIGH-RISK SCREENING FOR BREAST CANCER - ST JOSEPH'S HEART INSTITUTE PARTNERS WITH THE AMERICAN HEART ASSOCIATION TO EDUCATE THE COMMUNITY ABOUT HEART DISEASE AND STROKE IN ADDITION, THE HOSPITAL OFFERS FREE HEALTHY HEART SCREENINGS TO FAMILIES OF CARDIAC PATIENTS BECAUSE IT RECOGNIZES THE S TRONG ROLE HEREDITY CAN PLAN IN HEART DISEASE THROUGHOUT THE YEAR, THE HOSPITAL OFFERS FR EE LECTURES AND EVENTS TO EDUCATE THE COMMUNITY AB

Form and Line Reference	Explanation
PART VI, LINE 5	OUT THE IMPORTANCE OF KEEPING A HEALTHY HEART - HEALTHY FAMILIES HILLSBOROUGH IS A COMMUN ITY-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 RED UCE 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 CHILDRE N'S HOSPITAL PROVIDES AN ASSESSMENT COMPONENT THAT IS ESSENTIAL TO THE RECRUITMENT AND SER VICE PROVISION FOR FAMILIES THAT QUALIFY FOR HEALTHY FAMILY SERVICES IN 2017, THE FAMILY ASSESSMENT WORKERS MADE 5,760 INITIAL CONTACTS, GAVE 355 HEALTHY FAMILY ASSESSMENTS AND PR OVIDED REFERRALS - FOR BACK TO SCHOOL HEALTH FAIRS, ST JOSEPH'S HOSPITAL TEAMS UP WITH T HE 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 - ST JOSEPH'S FAITH COMMUNITY NURSING PROGRAM WAS ESTABLISHED TO PROVIDE H EALTH 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 B Y PROVIDING RECRUITMENT, TRAINING, CONTINUING NURSE EDUCATION AND HEALTH SCREENINGS IN 20 17 THIS PROGRAM INCLUDED 70 NURSES WORKING IN PARTNERSHIPS WITH 37 CONGREGATIONS AND TWO C LINICS IN HILLSBOROUGH, WESTERN POLK AND SOUTHERN PASCO COUNTIES THROUGH HOME AND HOSPITA L VISITS, PARISH NURSE OFFICE VISITS OR OTHER ENCOUNTERS AT THE CHURCH, EDUCATIONAL PROGRA MS, HEALTH FAIRS AND OTHER FORMS OF CORRESPONDENCE IN 2017, FAITH COMMUNITY NURSES DIRECTL Y TOUCHED THE LIVES OF 16,690 PEOPLE THE PROGRAM PROVIDED AN IMPRESSIVE 15,899 VOLUNTEER HOURS OF SERVICE IN THE COMMUNITY - IN 1994, THE CATHOLIC DIOCESE OF ST PETERSBURG FOUND ED 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 HILLSBOROU GH COUNTY OVER THE PAST SEVERAL YEARS, MANY NEW RESOURCES HAVE BEEN ADDED INCLUDING THE F ULL-TIME SERVICES OF A PARISH NURSE THE PARISH NURSE IS SPONSORED BY ST JOSEPH'S HOSPITA L TO IMPLEMENT STRATEGIES THAT 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 BASI C HEALTH AND SOCIAL SERVICES - ST JOSEPH'S COMMUNITY HEALTH TEAM DEVELOPS COMMUNITY PART NERSHIPS WITH AREA AGENCIES, CREATING COLLABORATIVE EFFORTS THAT BRING HEALTH SERVICES DIR ECTLY INTO AREA NEIGHBORHOODS AS A RESULT, COMMUNITY HEALTH PARTICIPATED IN 151 EVENTS AN D PROGRAMS IN 2016 AND WAS ABLE TO PROMOTE BETTER HEALTH TO MORE THAN 5,000 PEOPLE HEALTH EDUCATION INCLUDED CPR AND FIRST AID, SMOKING CESSATION, WELLNESS SCREENINGS, FLU SHOTS A ND BACK-TO-SCHOOL FAIRS (CONT-D AFTER PART VI, LINE 7 NARRATIVE)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	ST JOSEPH'S HOSPITAL, INC IS PART OF BAYCARE HEALTH SYSTEM, INC ("BAYCARE"), A LEADING, NOT-FOR-PROFIT HEALTH CARE SYSTEM THAT CONNECTS INDIVIDUALS AND FAMILIES TO A WIDE RANGE OF SERVICES AT 14 HOSPITALS AND HUNDREDS OF OTHER CONVENIENT LOCATIONS THROUGHOUT THE TAMPA BAY REGION AND WEST CENTRAL FLORIDA INPATIENT AND OUTPATIENT SERVICES INCLUDE ACUTE CARE, PRIMARY CARE, IMAGING, LABORATORY, BEHAVIORAL HEALTH, HOME CARE AND URGENT CARE BAYCARE'S ANNUAL "REPORT TO THE COMMUNITY" CAN BE VIEWED AT HTTPS //BAYCARE ORG/ANNUAL-REPORT BAYCARE'S HOSPITALS ARE BARTOW REGIONAL MEDICAL CENTER, 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, ST JOSEPH'S HOSPITAL-SOUTH, WINTER HAVEN HOSPITAL AND WINTER HAVEN WOMEN'S *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 THEY SERVED BAYCARE IS NOW A $4 39 BILLION, INTEGRATED HEALTH DELIVERY SYSTEM WITH 27,600 EMPLOYEES IT PLAYS AN IMPORTANT ROLE AS AN ECONOMIC ENGINE, ANNUALLY GENERATING A $6 62 BILLION IMPACT ON THE REGION AND THE STATE IN 2017, BAYCARE SPENT $1 97 BILLION TO PAY FOR THE SALARY AND BENEFITS OF ITS EMPLOYEES AND $696 MILLION TO PROVIDE FUNDING FOR FUTURE COMMUNITY HEALTH CARE NEEDS, TECHNOLOGY, AND NEW PROGRAMS AND FACILITIES BAYCARE'S CENTRALIZATION OF ADMINISTRATIVE FUNCTIONS IN A NUMBER OF AREAS, INCLUDING FINANCE, BUSINESS OFFICE, INFORMATION TECHNOLOGY, HUMAN RESOURCES, PERFORMANCE IMPROVEMENT, CLINICAL OUTCOMES, PLANNING, MATERIALS MANAGEMENT AND MARKETING/COMMUNICATIONS, HAS PROVIDED A MANAGEMENT STRUCTURE THAT HELPS ITS HOSPITALS AND SERVICE LINES OPERATE MORE EFFICIENTLY AND CONTINUE STRIVING FOR CLINICAL EXCELLENCE BAYCARE'S FINANCIAL STABILITY ALSO HELPS ENSURE THAT ITS HOSPITALS REMAIN FOCUSED ON THEIR SHARED MISSION TO IMPROVE THE HEALTH OF ALL THEY SERVE THROUGH COMMUNITY-OWNED SERVICES THAT SET THE STANDARD FOR HIGH-QUALITY, COMPASSIONATE CARE, REGARDLESS OF PATIENTS' ABILITY TO PAY IN 2017, BAYCARE PROVIDED $391 MILLION IN TOTAL COMMUNITY BENEFIT, WHICH INCLUDES $121 MILLION IN TRADITIONAL CHARITY CARE FOR UNDERINSURED AND UNINSURED PATIENTS, $246 MILLION IN MEDICAID AND OTHER INCOME-BASED PROGRAMS, AND $24 MILLION IN UNBILLED COMMUNITY SERVICES ALL OF THESE ARE MEASURED IN UNREIMBURSED COST *IN CERTAIN CASES, HOSPITAL LOCATIONS WITH THE SAME TAX IDENTIFICATION AND STATE LICENSE NUMBER ARE LISTED AS ONE FACILITY ON FORM 990, SCHEDULE H, CONSISTENT WITH IRS REPORTING GUIDELINES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	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

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	IN ADDITION, COMMUNITY HEALTH IDENTIFIES GENERAL AND DISEASE-SPECIFIC RISK FACTORS TO BE A BLE TO PROVIDE APPROPRIATE EDUCATION, ONE-ON-ONE COUNSELING, FOLLOW-UP NURSE SUPPORT AND R EFERRALS MORE THAN HALF OF THE TEAM'S EVENTS ARE OUTREACH ACTIVITIES OFFERED OUTSIDE THE HOSPITAL SOME SERVICES ARE PROVIDED ON FOUR "WELLNESS ON WHEELS" MOBILE BUSES THESE 37-F OOT MOBILE HEALTH UNITS ARE EQUIPPED TO PROVIDE HEALTH SCREENINGS, IMMUNIZATIONS AND EDUCA TION HEALTH SCREENINGS OFFERED AT LITTLE OR NO COST TO THE COMMUNITY INCLUDE BLOOD PRESSU RE, CHOLESTEROL, BODY COMPOSITION, DIABETES/GLUCOSE, HEALTH RISK APPRAISAL, OSTEOPOROSIS, SCHOOL PHYSICALS, AND SKIN CANCER THE TEAM ALSO PROVIDES FLU AND PNEUMONIA SHOTS FOR THE COMMUNITY FOR MORE THAN 20 YEARS, ST JOSEPH'S CHILDREN'S WELLNESS AND SAFETY CENTER HAS B EEN COMMITTED TO KEEPING KIDS AND FAMILIES HEALTHY, SAFE AND INFORMED THROUGH A MULTIFACET ED OUTREACH APPROACH FOCUSING ON COMMUNITY EDUCATION, UNINTENTIONAL INJURY PREVENTION, CHI LDREN'S HEALTH AND WELLNESS AND LEGISLATIVE ADVOCACY IN 2017, THE CHILDREN'S WELLNESS AND SAFETY CENTER EDUCATED MORE THAN 53,000 CHILDREN AND THEIR FAMILIES THROUGH COMMUNITY PRO GRAMS AND EVENTS IN 2017, ST JOSEPH'S CHILDREN'S WELLNESS AND SAFETY CENTER PROVIDED TRE MENDOUS COMMUNITY OUTREACH THROUGH THE FOLLOWING PROGRAMS BE OUR BESTTHE "BE OUR BEST" PRO GRAMS OFFER A RANGE OF AGE-APPROPRIATE, COMMUNITY AND SCHOOL BASED LESSONS THAT ENCOURAGE AND EMPOWER CHILDREN TO DEVELOP HEALTHY NUTRITION HABITS AND VITAL SAFETY SKILLS THAT IMPR OVE OVERALL PHYSICAL AND SOCIAL WELL-BEING HEALTH AND SAFETY CLASSES INCLUDE I CAN EAT A RAINBOW, TEDDY BEAR CLINIC, GERMAINE THE GERM THING, BODY SAFARI, MISSION NUTRITION, GET YOUR FIT ON, SAFE SITTER, TEEN TALK FOR GIRLS AND BOYS, SHAKEN BABY PREVENTION, AND LIFE C HOICES IN 2017, THE BE OUR BEST PROGRAM EDUCATED 13,458 CHILDREN IN LOCAL SCHOOLS AND CHI LDREN'S BOARD FAMILY RESOURCE CENTERS MOBILE MEDICAL CLINICTHE MOBILE MEDICAL CLINIC WAS E STABLISHED IN 2004, WITH THE GOAL OF ADDRESSING THE COMMUNITY-WIDE PROBLEM OF REDUCED IMMU NIZATION COMPLIANCE AMONG YOUNG CHILDREN MANY FAMILIES WERE UNABLE TO FIND CONVENIENT OR LOCAL IMMUNIZATION CARE DUE TO HEALTH AND FINANCIAL CONSTRAINTS IN 2005, THE MOBILE MEDIC AL CLINIC BEGAN TO OFFER WELL CHILD PHYSICALS IN RESPONSE TO THE COMMUNITY'S EXPRESSED NEE D CURRENTLY, THEIR NEW 44-FOOT BUS, FUNCTIONING AS A MOBILE CLINIC, OFFERS A VARIETY OF S ERVICES INCLUDING IMMUNIZATIONS, WELL CHILD PHYSICALS, VACCINE RECORD CHECKS, DEVELOPMENTA L SCREENING, HEARING SCREENINGS, VISION SCREENINGS, FLUORIDE VARNISH TREATMENTS ALONG WITH HEALTH AND SAFETY EDUCATION THE POPULATIONS SERVED ARE CHILDREN IN HILLSBOROUGH COUNTY W HO DO NOT HAVE INSURANCE, ARE ENROLLED IN MEDICAID AND ARE NATIVE AMERICAN OR ALASKAN NATI VES IN 2017, THE MOBILE MEDICAL CLINIC TRAVELED THROUGHOUT THE TAMPA BAY AREA TO PROVIDE SERVICES TO 1,837 MEDICALLY NEEDY CHILDREN WHILE EDUCATING AND ASSISTING 564 CAREGIVERS ON NAVIGATING THE HEALTH CARE SYSTEM FOR THEIR CHILDREN OUR PARTNERS FOR THIS PROJECT INCLU DE ALLEGANY FRANCISCAN MINISTRIES, CATHOLIC CHARITIES, CITIZENS ALLIANCE FOR PROGRESS, CO MMUNITY HEALTH CENTERS OF PINELLAS, DR MARTIN LUTHER KING JR NEIGHBORHOOD FAMILY CENTER, FAMILY SUPPORT AND RESOURCE CENTERS, FEEDING AMERICA, FLORIDA KIDCARE, GREATER RIDGECREST YOUTH DEVELOPMENT INITIATIVE, HILLSBOROUGH COUNTY HEAD START, HILLSBOROUGH COUNTY HEALTH DEPARTMENT, HILLSBOROUGH COUNTY SCHOOL SYSTEM, HISPANIC OUTREACH CENTER, JUVENILE WELFARE BOARD, LAYLA'S HOUSE, LEALMAN AND ASIAN NEIGHBORHOOD FAMILY CENTER, LUTHERAN SERVICES FLOR IDA, PHILANTHROPIC WOMEN OF ST JOSEPH'S, PINELLAS COUNTY HEAD START, PINELLAS COUNTY SCHO OLS, PREVENT BLINDNESS FLORIDA, REDLANDS CHRISTIAN MIGRANT ASSOCIATION, ST CLEMENT CATHOL IC CHURCH, SULPHUR SPRINGS RESOURCE CENTER, THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY AN D THE SPRING OF TAMPA BAY SAFE KIDS GREATER TAMPASAFE KIDS TAMPA, WHICH IS LED BY ST JOSE PH'S CHILDREN'S HOSPITAL TO PROVIDE LEADERSHIP TO THE TAMPA BAY COMMUNITY IN THE EFFORT TO PREVENT CHILDHOOD INJURY FOCUSING ON BICYCLE, PEDESTRIAN, WATER AND CHILD PASSENGER SAFET Y IN 2017, THE SAFE ROUTES TO SCHOOL WALK AND ROLL SAFETY PROGRAM EDUCATED MORE THAN 24,1 99 CHILDREN ABOUT BIKE AND PEDESTRIAN SAFETY THROUGH 68 SCHOOL CLINICS, ASSEMBLIES AND SPE CIAL EVENTS THE SAFE KIDS TAMPA PROGRAM FIT AND DISTRIBUTED 590 BIKE HELMETS HILLSBOROUG H WATER SAFETY TEAMALSO IN 2017, THE HILLSBOROUGH WATER SAFETY TEAM (HWST) LED BY ST JOSE PH'S CHILDREN'S HOSPITAL PROVIDES A FORUM FOR COMMUNITY ORGANIZATIONS TO COLLABORATE EFFOR TS TO PREVENT CHILDHOOD DROWNING THROUGH THE HWST ST JOSEPH'S CHILDREN'S ADVOCACY CENTER WAS ABLE TO PROVIDE 363 CHILDREN WITH FREE SWIM LESSONS AND DISTRIBUTED 334 DOOR ALARMS T O PREVENT CHILDREN FROM ENTERING POOL AREAS UNSUPERVISED ADDITIONALLY, ST JOSEPH'S CHILD REN'S ADVOCACY CENTER STAFF ATTENDED 26 EVENTS THROUGHOUT THE COMMUNITY PROMOTING WATER SA FETY AND EDUCATED 4,473 CHILDREN AND CAREGIVERS ON

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	TACTICS TO REDUCE CHILD DROWNING HEALTH & SAFETY CLASSES FOR PARENT AND CAREGIVERS ST J OSEPH'S CHILDREN'S WELLNESS AND SAFETY CENTER OFFERS A VARIETY OF CLASSES TO EQUIP PARENTS AND CAREGIVERS WITH THE SKILLS AND KNOWLEDGE NECESSARY TO KEEP KIDS SAFE THESE CLASSES A RE TAUGHT IN ST JOSEPH'S HOSPITALS, CHILDREN'S BOARD RESOURCE CENTERS, AND COMMUNITY GROU PS CLASSES INCLUDE INFANT AND CHILD CPR, PEDIATRIC FIRST AID AND SAFE BABY EXPRESS IN 20 17, ST JOSEPH'S CHILDREN'S ADVOCACY CENTER WAS ABLE TO EDUCATE 1,375 PARENTS AND CAREGIVE RS THROUGH THESE CLASSES TO IMPROVE CHILD PASSENGER SAFETY, CERTIFIED CHILD PASSENGER SAFE TY TECHNICIANS TEACH PARENTS AND CAREGIVERS OF INFANTS THROUGH SCHOOL-AGED CHILDREN HOW TO PROPERLY USE AND INSTALL CHILD SAFETY SEATS IN 2017, THE CHILD PASSENGER SAFETY PROGRAM INSPECTED THE USE AND INSTALLATION 394 CHILD SAFETY SEATS AND PROVIDED 562 NEW CHILD SAFET Y SEATS TO CHILDREN IN OUR COMMUNITY THOUSANDS OF CAREGIVERS WERE ABLE TO ASK AN EXPERT T HEIR CAR SEAT QUESTIONS BY CALLING OUR TECHNICIANS OR BY SEEING US AT COMMUNITY EVENTS, CH ILDREN'S BOARD FAMILY RESOURCE CENTER'S OR AAA APPOINTMENT LOCATIONS COMMUNITY PARTNERS I NCLUDE AAA - TRAFFIC SAFETY FOUNDATION, REEVE'S MOTOR CARS, PEDIATRIC ASSOCIATES OF BRAND ON, HILLSBOROUGH COUNTY (COMMUNITY DEVELOPMENT BLOCK GRANT), PLANT CITY PREGNANCY CLINIC, PLANT CITY WIC- HCDOH, SOUTH COUNTY CAREER CENTER TEEN PARENT EAST, LIFE CARE OF BRANDON, HILLSBOROUGH COUNTY WIC PROGRAM, CENTER OF MANIFESTATION CHURCH, YMCA, DIMPLES PLAYGROUND DAYCARE, PLANT CITY EARLY LEARNING RESOURCE, HILLSBOROUGH COUNTY HEAD START ST JOSEPH'S CHILDREN'S WELLNESS AND SAFETY CENTER FORMED THE FLORIDA KIDCARE OUTREACH PROJECT IN 2007 TO IDENTIFY FAMILIES WHOSE CHILDREN HAVE NO HEALTH INSURANCE AND ASSIST THEM IN APPLYING F OR COVERAGE THROUGH THE FLORIDA KIDCARE PROGRAM THE CHILDREN'S ADVOCACY CENTER NOW PARTNE RS WITH THE KIDS HEALTHCARE FOUNDATION AND MANY COMMUNITY ORGANIZATIONS THROUGHOUT THE TAM PA BAY AREA TO ACHIEVE THIS GOAL COMMUNITY PARTNERS INCLUDE THE KIDS HEALTHCARE FOUNDATI ON, ALLEGANY FRANCISCAN MINISTRIES, SCHOOL DISTRICT OF HILLSBOROUGH COUNTY, FAMILY SUPPORT AND RESOURCE CENTERS, CHILDREN'S BOARD OF HILLSBOROUGH COUNTY, METROPOLITAN MINISTRIES, S UCCESS 4 KIDS AND FAMILIES, CITY OF PLANT CITY, COMMUNITY HEALTH CENTERS OF PINELLAS COUNT Y, CHILDREN'S MEDICAL SERVICES, NETWORK OF EAST HILLSBOROUGH NEIGHBORHOODS, BRANDON FAMILY SUPPORT & RESOURCE CENTER, TOWN & COUNTRY FAMILY SUPPORT & RESOURCE CENTER, FICS MULTICUL TURAL FAMILY CENTER, SOUTH COUNTY FAMILY SUPPORT & RESOURCE CENTER, CHILDREN'S BOARD CENTR AL TAMPA FSRC, CITY OF PLANT CITY, COMMUNITY HEALTH CENTERS OF PINELLAS, INC , NORTH TAMPA FAMILY SUPPORT & RESOURCE CENTER, THE NETWORK OF EAST HILLSBOROUGH NEIGHBORHOODS, HILLSBO ROUGH COUNTY PUBLIC SCHOOLS, SUNCOAST COMMUNITY HEALTH CENTERS, TAMPA FAMILY HEALTH CENTER S, CRISIS CENTER OF TAMPA BAY, SHILOH RESTORATION, HILLSBOROUGH COUNTY HEALTH DEPARTMENT, ECHO, SULPHUR SPRINGS RESOURCE CENTER, METRO WELLNESS & COMMUNITY CENTERS, CONNECTIONS JOB DEVELOPMENT PROGRAM, EARLY LEARNING COALITION OF PASCO AND HERNANDO COUNTIES, FIRST UNITE D METHODIST CHURCH DAYCARE, HIS STOREHOUSE OUTREACH, INC , GRADYI, HIGH POINT FAMILY CENTE R, JAMES B SANDERLIN, LEALMAN & ASIAN NEIGHBORHOOD CENTER, NORTH GREENWOOD RECREATION & AQ UATICS COMPLEX, OPERATION PAR, THE HEALTHY START COALITION OF PINELLAS, UNION ACADEMY FAMI LY CENTER (CAP), THE HAVEN, CASA, RONALD MCDONALD MOBILE CLINIC/PASCO COUNTY SCHOOLS, RUSK IN-FICS MULTICULTURAL FAMILY CENTER IN 2017, THE ST JOSEPH'S CHILDREN'S WELLNESS AND SAF ETY CENTER SENT INFORMATION ABOUT FLORIDA KIDCARE TO 1,230 FAMILIES WITH UNINSURED CHILDRE N AND MADE FOLLOW-UP PHONE CALLS TO ANSWER QUESTIONS THEY MAY HAVE AND HELP NAVIGATE THE S YSTEM IF NEEDED

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	ST JOSEPH'S CHILDREN'S WELLNESS AND SAFETY CENTER WAS A LEADING FORCE IN THE ENHANCEMENT OF FLORIDA'S CAR SEAT LAW, REQUIRING CHILDREN AGES 4 AND 5 TO BE PROPERLY RESTRAINED IN A CAR SEAT OR BOOSTER SEAT INSTEAD OF JUST AN ADULT SEATBELT BEFORE THE PASSAGE OF THIS LAW IN 2014, FLORIDA WAS THE ONLY STATE THAT ALLOWED A 4 YEAR OLD TO RIDE IN JUST A SEATBELT THE STEINBRENNER PEDIATRIC EMERGENCY ROOM AT ST JOSEPH'S CHILDREN'S HOSPITAL IS A 22 BED EMERGENCY ROOM DEDICATED TO CHILDREN FROM BIRTH TO 21 YEARS OF AGE ST JOSEPH'S CHILDREN' S WELLNESS AND SAFETY CENTER WORKS IN COLLABORATION WITH THE EMERGENCY ROOM STAFF AND FUNC TIONS AS A LIAISON BETWEEN ST JOSEPH'S CHILDREN'S HOSPITAL AND THE COMMUNITY WITH REGARDS TO CHILDREN'S HEALTH AND SAFETY IN 2017, ST JOSEPH'S CHILDREN WELLNESS AND SAFETY CENTE R STAFF AND VOLUNTEERS WERE ABLE TO PROVIDE HEALTH AND SAFETY RESOURCES AS WELL AS FREE SA FETY PRODUCTS TO 1,186 FAMILIES VISITING THE STEINBRENNER EMERGENCY ROOM THE SAFETY STORE AT ST JOSEPH'S CHILDREN'S HOSPITAL, WHICH IS THE FIRST HOSPITAL-BASED SAFETY STORE PROVI DING LOW-COST SAFETY PRODUCTS AND PERSONALIZED SAFETY EDUCATION IN THE STATE OF FLORIDA I N 2017, THE SAFETY STORE WELCOMED MORE THAN 1,186 VISITORS THE SAFETY STORE PROVIDED CARE GIVERS WITH MORE THAN 2,000 INJURY PREVENTION PRODUCTS ST JOSEPH'S HOSPITAL ALSO PROVIDE S THE TAMPA BAY COMMUNITY WITH THE SPECIALIZED TREATMENT OF HEART DISEASE, CANCER, STROKE, ORTHOPEDIC CONDITIONS, MENTAL ILLNESS, SEIZURES AND CRANIOFACIAL ANOMALIES, AS WELL AS AN EXTENSIVE RANGE OF OBSTETRICAL, GYNECOLOGICAL AND REHABILITATION SERVICES, NEONATAL CARE, SURGICAL SERVICES AND ADULT AND PEDIATRIC EMERGENCY/TRAUMA CARE AS A NOT-FOR-PROFIT HOSP ITAL, ST JOSEPH'S HOSPITAL PROVIDES MANY SERVICES TO UNDER-SERVED MEMBERS OF THE COMMUNIT Y AT NO CHARGE OR AT A REDUCED CHARGE SPECIALIZED SERVICESST JOSEPH'S CHILDREN'S HOSPITA LCHILDREN ARE DIFFERENT FROM ADULTS, WHICH IS WHY THEY NEED HEALTH CARE THAT FOCUSES ON TH EIR UNIQUE NEEDS THEY REQUIRE EXTRA TIME, EXTRA MONITORING, SPECIALIZED MEDICATIONS, AND CAREGIVERS WITH THE SKILLS AND COMPASSION TO UNDERSTAND THE NEEDS OF CHILDREN IT'S ESTIMA TED THAT HOSPITALIZED CHILDREN UNDER AGE 2 REQUIRE 45 PERCENT MORE ROUTINE NURSING CARE TH AN ADULT PATIENTS AS TAMPA'S FIRST DEDICATED CHILDREN'S HOSPITAL, ST JOSEPH'S CHILDREN'S HOSPITAL IS DESIGNED TO MEET THE UNIQUE NEEDS OF CHILDREN AND THEIR FAMILIES BY PROVIDING HIGH-TECH PEDIATRIC HEALTH CARE IN A FAMILY-CENTERED, CHILD-FRIENDLY ENVIRONMENT THE 186 -BED FACILITY IS HOME TO A MEDICAL STAFF OF MORE THAN 240 PHYSICIANS REPRESENTING 25 MEDIC AL AND SURGICAL DISCIPLINES INCLUDING ALMOST EVERY MAJOR PEDIATRIC SUB-SPECIALTY IT ALSO INCLUDES A STATE DESIGNATED PEDIATRIC TRAUMA CENTER ST JOSEPH'S CHILDREN'S HOSPITAL IS ON E OF THE LARGEST CHILDREN'S HOSPITALS IN FLORIDA, PROVIDING MORE ACUTE MEDICAL AND SURGICA L PEDIATRIC CARE THAN ALL OTHER HOSPITALS IN HILLSBOROUGH COUNTY ST JOSEPH'S CHILDREN'S HOSPITAL ALSO EXTENDS ITS EXPERTISE TO MEASE COUNTRYSIDE HOSPITAL IN SAFETY HARBOR, ST JO SEPH'S HOSPITAL-SOUTH IN RIVERVIEW AND SOUTH FLORIDA BAPTIST HOSPITAL IN PLANT CITY IN ORD ER TO HELP MEET THE UNIQUE NEEDS OF CHILDREN AND THEIR FAMILIES IN THOSE COMMUNITIES AS A PARTNER, ST JOSEPH'S CHILDREN'S HOSPITAL SUPPORTS THESE HOSPITALS WITH PEDIATRIC PROGRAM S STAFFED BY HOSPITALISTS, NURSES AND A MULTITUDE OF SPECIALISTS, ALL WITH THE GOAL OF PRO VIDING OUTSTANDING CHILDREN'S CARE ST JOSEPH'S CHILDREN'S HOSPITAL'S NEONATAL INTENSIVE CARE UNIT (NICU) IS LICENSED FOR TWO LEVELS OF INTENSITY LEVEL III (THE HIGHEST) WITH 49 INFANT BEDS AND LEVEL II WITH 15 INFANT BEDS, AND IS A PLACE WHERE SICK AND PREMATURE INFA NTS RECEIVE SPECIAL CARE THE TYPES OF MEDICAL CHALLENGES TREATED IN THE NICU INCLUDE PRE-TERM BIRTH, INFECTIONS, AND CONGENITAL ANOMALIES, SUCH AS SPINA BIFIDA, BOWEL CONDITIONS A ND HEART DEFECTS THE CHRONIC-COMPLEX CLINIC (CCC) AT ST JOSEPH'S CHILDREN'S HOSPITAL PRO VIDES A MEDICAL HOME TO MORE THAN 700 CHILDREN THROUGH A COMPREHENSIVE PRIMARY CARE PRACTI CE THAT ADDRESSES THE SPECIAL HEALTH CARE NEEDS OF CHILDREN WITH COMPLEX MEDICAL CONDITION S THESE PATIENTS HAVE MULTIPLE SYSTEM INVOLVEMENT (FOR EXAMPLE, A TRACHEOTOMY, A G-TUBE A ND DEVELOPMENTAL DELAY) THE COMPLEXITY OF THEIR CARE AND THE EFFORT TO EFFECTIVELY COORDI NATE ALL OF THE SERVICES NEEDED BY THESE CHILDREN MAKES IT DIFFICULT, IF NOT IMPOSSIBLE, T O FIND APPROPRIATE CARE IN THE COMMUNITY THIS CCC PROVIDES A MEDICAL HOME FOR THESE CHILD REN AND THEIR FAMILIES, COORDINATING THEIR SPECIALTY CARE, ADDRESSING PSYCHOSOCIAL CONCERN S AND PROVIDING CONTINUITY OF CARE DURING THEIR HOSPITALIZATIONS THE MULTI-DISCIPLINARY T EAM IS INVOLVED IN THE PLANNING, DEVELOPMENT, COORDINATION AND OVERSIGHT OF THE CHILD'S OV ERALL CARE THE BENEFITS INCLUDE IMPROVING ACCESS TO ROUTINE HEALTH CARE FOR CHILDREN WITH COMPLEX NEEDS, DEVELOPING A MEDICAL HOME MODEL THAT IS BASED UPON THE AMERICAN ACADEMY OF PEDIATRICS MODEL AND BEST PRACTICE STANDARDS ACRO

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	SS THE COUNTRY, OFFERING A SUPPORT SYSTEM FOR PRIMARY CARE PROVIDERS THROUGH CONSULTATION, COORDINATING HEALTH CARE AND SERVICES, AND ESTABLISHING PARTNERSHIPS WITH FAMILIES PATIE NTS AND FAMILIES ARE ENCOURAGED TO ADVOCATE FOR THEIR NEEDS AND ASSISTED IN ACCESSING COMM UNITY RESOURCES THE CCC IS LOCATED IN THE MEDICAL ARTS BUILDING OF ST JOSEPH'S HOSPITAL, CO-LOCATED WITH MANY OF THE PEDIATRIC SUB-SPECIALISTS AND REHABILITATIVE SERVICES UTILIZE D BY THE FAMILIES SERVED BY THE CLINIC THE CO-LOCATION OF THESE SERVICES CONTRIBUTES TO B ETTER COMMUNICATION BETWEEN PROVIDERS AS WELL AS ALLOWING FAMILIES TO SCHEDULE MULTIPLE AP POINTMENTS DURING THE SAME VISIT TRANSPORTATION ALONE CAN BE BURDENSOME FOR THESE FAMILIE S, AND BEING ABLE TO SEE MORE THAN ONE PROVIDER OR RECEIVE THERAPIES ON THE SAME DAY AS A PRIMARY CARE VISIT IS A MAJOR PATIENT SATISFIER THE CCC HAS RECEIVED AN "A" RATING BY FAM ILIES FOR SATISFACTION AS WELL AS THE COST EFFECTIVENESS OF PROVIDING THESE COORDINATED SE RVICES WITH THE CREATION OF THE CCC, THE NUMBER OF EMERGENCY ROOM VISITS, HOSPITALIZATION S AND THE LENGTH OF HOSPITAL STAYS WITH THIS COMPLEX POPULATION HAS SEEN DRAMATIC REDUCTIO NS ADDITIONALLY, DUE TO THE COORDINATION OF SERVICES AND PREVENTATIVE CARE, HOSPITAL COST S HAVE BEEN REDUCED THE STEINBRENNER EMERGENCY/TRAUMA CENTER FOR CHILDREN IS A STATE-APPR OVED PEDIATRIC TRAUMA REFERRAL CENTER THAT OPERATES 24 HOURS A DAY WITH A STAFF OF PHYSICI ANS WHO ARE BOARD-CERTIFIED IN EMERGENCY MEDICINE AND PEDIATRICS ST JOSEPH'S CHILDREN'S HOSPITAL ALSO OFFERS AN EXTENSIVE SUPPORT SYSTEM INCLUDING CHILD LIFE SPECIALISTS, SOCIAL WORKERS, VOLUNTEERS, PET THERAPY, AND MORE THESE INVALUABLE TEAM MEMBERS HELP TO MAKE THE EXPERIENCE AS PLEASANT AS POSSIBLE FOR PATIENTS AND THEIR FAMILIES ST JOSEPH'S WOMEN'S HOSPITALDESIGNED TO SERVE THE UNIQUE HEALTH CARE NEEDS OF WOMEN AND NEWBORNS IN A CARING, FAMILY-CENTERED ENVIRONMENT, ST JOSEPH'S WOMEN'S HOSPITAL HAS SERVED TAMPA BAY FAMILIES F OR MORE THAN 30 YEARS HOSPITAL SERVICES FOCUS ON THE INDIVIDUAL NEEDS OF WOMEN THROUGH EV ERY STAGE OF LIFE ST JOSEPH'S WOMEN'S HOSPITAL OFFERS COMPLETE OBSTETRICAL, PERINATAL, S URGICAL, GYNECOLOGICAL AND ONCOLOGICAL SERVICES ST JOSEPH'S WOMEN'S HOSPITAL INCLUDES TH E SHIMBERG BREAST CENTER, WHERE WOMEN OF ALL AGES, RACE AND BACKGROUNDS CAN RECEIVE THE MO ST ADVANCED TESTING AND TREATMENT AVAILABLE THE CENTER RECEIVED CENTER OF EXCELLENCE DESI GNATION BY THE AMERICAN COLLEGE OF RADIOLOGISTS AND WAS ACCREDITED BY THE NABPC MEANWHILE , ST JOSEPH'S WOMEN'S HOSPITAL'S MID-LIFE WOMEN'S PROGRAMS CATER DIRECTLY TO WOMEN IN THE POST-CHILD BEARING YEARS ST JOSEPH'S WOMEN'S HOSPITAL IS WIDELY REGARDED AS "THE PLACE IN TAMPA BAY TO HAVE A BABY" DUE TO THE COMFORTABLE LABOR AND DELIVERY SUITES, EXTENSIVE C HILDBIRTH EDUCATION PROGRAMS, LEVEL III NICU AND A MATERNAL/FETAL PROGRAM THAT OFFERS THE SECURITY EXPECTANT MOTHERS NEED IN FACT, MORE THAN 7,000 BABIES WERE BORN AT ST JOSEPH'S WOMEN'S HOSPITAL IN 2017, MAKING IT THE SECOND BUSIEST OBSTETRICAL PROGRAM IN THE STATE O F FLORIDA OTHER UNIQUE FEATURES THAT DISTINGUISH THIS HOSPITAL INCLUDE AMENITIES SUCH AS ROOM SERVICE, AN ON-SITE MATERNITY STORE, LACTATION SUPPORT, FAMILY-CENTERED DELIVERY FOR CESAREAN BIRTHS, POST-PARTUM DEPRESSION SCREENING AND SUPPORT, ON-SITE BIRTH CERTIFICATE S ERVICE AND VARIOUS EDUCATIONAL SESSIONS

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	BEHAVIORAL HEALTHWHILE MANY HEALTH CARE ORGANIZATIONS HAVE ABANDONED THEIR BEHAVIORAL HEAL TH PROGRAMS AND SERVICES DUE TO LOW REIMBURSEMENT AND HIGH COSTS, ST JOSEPH'S HOSPITAL CO NTINUES TO RECOGNIZE THE STRONG COMMUNITY NEED FOR PSYCHIATRIC CARE IN 2012, WE OPENED ST JOSEPH'S HOSPITAL BEHAVIORAL HEALTH CENTER -- THE ONLY FREESTANDING INPATIENT BAKER ACT- RECEIVING PRIVATE PSYCHIATRIC HOSPITAL IN HILLSBOROUGH COUNTY THE FACILITY PROMOTES HEALI NG THROUGH ARCHITECTURAL DESIGN ELEMENTS AND A STAFF CENTERED ON MEETING THE NEEDS OF THE PATIENT THE CENTER FEATURES A SERENE, THERAPEUTIC ENVIRONMENT THAT PROMOTES HEALING, COM PASSIONATE, PATIENT-CENTERED CARE, A CONTINUUM OF PSYCHIATRIC SERVICES FOR CHILDREN AND AD ULTS, INDOOR RECREATION FACILITIES DESIGNED TO PROMOTE HOLISTIC RECOVERY, EXERCISE AND MOV EMENT OUR EXPERIENCED TEAM OF BEHAVIORAL HEALTH SPECIALISTS COMPOSED OF PSYCHIATRISTS, NU RSES, SOCIAL WORKERS, CASE MANAGERS AND MENTAL HEALTH TECHNICIANS PROVIDE ASSESSMENT, STAB ILIZATION AND COMPREHENSIVE DISCHARGE PLANNING FOR PATIENTS EXPERIENCING ACUTE MENTAL HEAL TH PROBLEMS THE FACILITY INCLUDES 40 ADULT BEDS AND 20 CHILD/ADOLESCENT BEDS MEDICAL CARE ST JOSEPH'S HOSPITAL IS COMMITTED TO INVESTING IN HIGHLY QUALIFIED PEOPLE, NEW TECHNOLOG Y AND MODERN FACILITIES THAT PROMOTE HEALING THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGE S TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY IN ADDITION TO THE MOBILE MEDICAL CLINIC AL READY MENTIONED, ST JOSEPH'S CHILDREN'S HOSPITAL HAS FOUR SATELLITE SPECIALTY CENTERS TO MEET THE NEEDS OF CHILDREN AND FAMILIES THROUGHOUT TAMPA BAY AND SURROUNDING REGIONS THES E CENTERS PROVIDE REHABILITATIVE AND SUBSPECIALTY HEALTH CARE FOR CHILDREN FACILITIES ARE STRATEGICALLY LOCATED TO INCREASE ACCESS TO FAMILIES WHO LIVE IN NORTH HILLSBOROUGH AND S OUTH PASCO, POLK AND SOUTH HILLSBOROUGH COUNTIES INDIGENT PATIENTS TURN TO THE ST JOSEPH 'S COMMUNITY CARE CLINIC FOR PRIMARY CARE SERVICES, WHICH HELPS REDUCE THE USE OF EMERGENC Y SERVICES FOR BASIC HEALTH CARE NEEDS A NOT-FOR-PROFIT ORGANIZATION OWNED BY ST JOSEPH' S HOSPITAL, THE CLINIC PROVIDES CARE FOR PATIENTS PARTICIPATING IN THE HILLSBOROUGH COUNTY HEALTH CARE PLAN, ACCESS TO A SPECIALTY PANEL FOR SPECIALTY SERVICES, ACUTE CARE SERVICES THROUGH ST JOSEPH'S HOSPITAL AND ST JOSEPH'S WOMEN'S HOSPITAL AND A VARIETY OF OUTPATIE NT SERVICES THROUGH ST JOSEPH'S HOSPITAL ST JOSEPH'S HOSPITAL ALSO SUPPORTS A COMPREHENS IVE RESEARCH INSTITUTE SINCE ITS INCEPTION IN 1991, COMPREHENSIVE RESEARCH INSTITUTE (CRI) HAS BEEN DEDICATED TO PROVIDING ACCESS TO CUTTING EDGE THERAPIES THROUGH LABORATORY AND CLINICAL RESEARCH CRI, WHICH IS PRIMARILY GRANT FUNDED, PERFORMS BOTH INPATIENT AND OUTPA TIENT CLINICAL TRIALS AT ST JOSEPH'S HOSPITAL, ST JOSEPH'S WOMEN'S HOSPITAL AND ST JOSE PH'S CHILDREN'S HOSPITAL WHILE PARTICIPATING IN PHASE II - IV STUDIES IN VARIOUS ASPECTS OF HEALTH CARE INCLUDING PHARMACEUTICAL AND DEVICE TRIALS, CRI FOCUSES ON INFECTIOUS DISEA SES - PRIMARILY HIV ADDITIONALLY, PEDIATRIC AND ADULT TRIALS INCLUDE INVESTIGATIONAL RESE ARCH IN HEMATOLOGY, ONCOLOGY, CARDIOLOGY AND TISSUE BANKING STUDIES THE FACILITY IS STAFF ED WITH SIX FULL-TIME CLINICAL RESEARCH NURSES - EACH WITH EXTENSIVE EXPERIENCE IN A WIDE VARIETY OF DISEASE PROCESSES AN ADDITIONAL ADMINISTRATIVE SUPPORT TEAM OF SIX RESEARCH PR OFESSIONALS IS COMPLEMENTED BY AN ON-SITE STAFF PHYSICIAN THIS TEAM OF RESEARCH PROFESSIO NALS ALLOWS CRI TO PROVIDE OTHERWISE UNAVAILABLE INVESTIGATIONAL TREATMENTS FOR MANY CHALL ENGING CLINICAL PROBLEMS FACING OUR COMMUNITY PRESCRIPTIONSTO IMPROVE PATIENT SAFETY AT DI SCHARGE AND DECREASE READMISSION RATES, ST JOSEPH'S HOSPITALS IMPLEMENTED THE TRANSITIONS OF CARE PHARMACY PROGRAM THIS HELPS ENSURE THAT PATIENTS RECEIVE AND UNDERSTAND THEIR ME DICATIONS BEFORE LEAVING THE HOSPITAL AS PART OF THE PROGRAM, PHARMACISTS ALSO FOLLOW UP WITH PATIENTS 3 7 DAYS AFTER DISCHARGE TO COMPLETE A COMPREHENSIVE MEDICATION REVIEW THE PHARMACIST REVIEWS ALL MEDICATIONS WITH THE PATIENT, MAKES SURE THEY UNDERSTAND WHAT IT IS BEING USED FOR AND DETERMINES WHETHER THE MEDICATION IS BEING TAKEN CORRECTLY THE PHARMA CIST CAN ANSWER ANY ADDITIONAL MEDICATION-RELATED QUESTIONS PATIENTS MAY HAVE AT THREE WE EKS AFTER DISCHARGE, THE TRANSITIONS OF CARE TEAM MAKES ANOTHER CALL TO THE PATIENT TO ASS ESS AND SOLVE ANY ONGOING ISSUES WITH ACCESS TO MEDICATIONS, ACT AS A RESOURCE FOR ANY DIS EASE STATE OR MEDICATION QUESTIONS, AND IDENTIFY ANY COORDINATION OF CARE CONCERNS AND REF ER TO THE APPROPRIATE INTERDISCIPLINARY CARE TEAM MEMBER AS NEEDED HELPING HANDTO HELP FAM ILIES FIND APPROPRIATE HEALTH CARE COVERAGE, ST JOSEPH'S HOSPITAL WORKS WITH FLORIDA KIDC ARE INSURANCE OUTREACH ST JOSEPH'S HOSPITAL PARTNERS WITH THE HEALTHY START COALITION OF HILLSBOROUGH COUNTY TO PROVIDE HEALTHY START, HEALTHY FAMILIES, AND SUPPORT SERVICES THRO UGHOUT THE COUNTY ST JOSEPH'S WOMEN'S HOSPITAL COLLABORATES WITH REACHUP TO SUPPORT THE SPECIAL DELIVERY DOULA PROGRAM IN HILLSBOROUGH COU

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	NTY THE DOULAS SUPPORT AT-RISK WOMEN (FROM AT-RISK ZIP CODES) DURING LABOR AND PROVIDE IN -HOME VISITS TO SUPPORT AND KEEP THEM IN THE REACHUP SYSTEM FOR FOLLOW-UP AND TO COORDINAT E COMMUNITY SUPPORT THE HOSPITAL'S CARE COORDINATION DEPARTMENT PROVIDES SUPPORTIVE SERVI CES TO MANY UNDERINSURED OR UNINSURED PATIENTS TO ASSURE THAT HIGH-RISK PATIENTS RECEIVE NECESSARY TREATMENT, THEY ARE PROVIDED WITH ACCESS TO TRANSPORTATION, HOUSING RESOURCES, H OME HEALTH SERVICES, ACCESS TO MEDICATIONS AND EMOTIONAL SUPPORT EMERGENCY CAREST JOSEPH' S HOSPITAL'S EMERGENCY CENTER IS DESIGNATED AS A LEVEL II TRAUMA CENTER, IT INCLUDES A STA TE-DESIGNATED TRAUMA CENTER, AND IS THE BUSIEST IN THE TAMPA BAY AREA, WITH AN OUTSTANDING TEAM OF BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS, NURSES AND PARAMEDICS PROVIDING CA RE TO MORE THAN 150,000 CHILDREN AND ADULTS EVERY YEAR A WIDE VARIETY OF MEDICAL EMERGENC IES ARE TREATED IN THE EMERGENCY CENTER, WHICH SPECIALIZES IN BOTH TRAUMA AND COMPLEX MEDI CAL CARE THE EMERGENCY CENTER IS THE LARGEST STEMI RECEIVING CENTER IN THE COUNTY AND IS WIDELY RECOGNIZED FOR STROKE CARE, HAVING EARNED STROKE CENTER DESIGNATION BY THE STATE AG ENCY FOR HEALTH CARE ADMINISTRATION AND EARNED THE PRIMARY STROKE GOLD SEAL OF APPROVAL BY THE JOINT COMMISSION AS WELL AS THE GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHI EVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION ST JOSEPH'S HOSPITAL PROVIDES CARE FOR EVERY PATIENT IN THE EMERGENCY CENTER, REGARDLESS OF THEIR ABI LITY TO PAY ST JOSEPH'S HOSPITAL ALSO OFFERS A SEPARATE, SECURE PSYCHIATRIC EMERGENCY UN IT TO PROVIDE NECESSARY CARE TO COMMUNITY MEMBERS NEEDING EMERGENT PSYCHIATRIC CARE PALLIA TIVE CAREPATIENTS WHO EXPERIENCE CHRONIC, DEBILITATING DISEASE OR ARE LIVING WITH ADVANCED ILLNESS OFTEN BENEFIT GREATLY FROM SPECIALIZED, COMPASSIONATE CARE FOCUSED ON MANAGING TH EIR PAIN, STRESS AND SYMPTOMS ST JOSEPH'S HOSPITAL'S PALLIATIVE CARE TEAM WORKS TO DEVEL OP A PERSONALIZED PLAN FOR PROVIDING RELIEF FROM PAIN AND SUFFERING WHILE ENHANCING QUALIT Y OF LIFE TO HOSPITALIZED PATIENTS THIS PROGRAM HELPS BOTH ADULT AND PEDIATRIC PATIENTS A ND THEIR FAMILIES FACED WITH THIS LIFE-CHANGING SITUATION PROFESSIONAL EDUCATION AND TRAIN INGST JOSEPH'S HOSPITAL PARTNERS WITH NUMEROUS UNIVERSITIES, COLLEGES AND HIGH SCHOOLS TO HELP STUDENTS IN VARIOUS HEALTH-RELATED FIELDS FULFILL THEIR ACADEMIC GOALS AND REQUIREME NTS THROUGH INTERNSHIPS SOME CLINICAL INTERNSHIP AREAS INCLUDE NURSING, RADIOLOGY, PHLEBO TOMY, NUCLEAR MEDICINE, PHARMACY, COMMUNITY HEALTH, PHYSICAL THERAPY, OCCUPATIONAL THERAPY , SPEECH THERAPY, SOCIAL WORK, PHARMACY, HOME CARE, AND PSYCHOLOGY AND DIABETES MANAGEMENT ST JOSEPH'S HOSPITAL ALSO PARTICIPATES IN COMMUNITY JOB FAIRS AND PROVIDES "EARN AS YOU LEARN" TUITION REIMBURSEMENT AND SCHOLARSHIP OPPORTUNITIES TO ITS TEAM MEMBERS INTERESTED IN ADVANCING THEIR CAREER IN ADDITION, ST JOSEPH'S WOMEN'S HOSPITAL IS A PROUD PARTICIPA NT WITH PROJECT REACH, A PARTNERSHIP WITH HILLSBOROUGH COUNTY SCHOOLS TO HELP TRANSITION S PECIAL NEEDS KIDS FROM A SCHOOL TO A WORK ENVIRONMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	HEALTH PROFESSIONAL EDUCATIONSTUDENT CLINICAL EXPERIENCES ALLOW THE HEALTH CARE STUDENT THE OPPORTUNITY TO LEARN SKILLS AND KNOWLEDGE NECESSARY TO FUNCTION IN AN ACUTE CARE FACILITY STUDENTS ARE PROVIDED WITH DIVERSE EXPERIENCES IN MULTIPLE PATIENT SETTINGS BASED ON THE LEVEL OF EDUCATION THEY HAVE RECEIVED CLINICAL EXPERIENCES ALLOW THE STUDENT TO RECEIVE THE GUIDANCE, SUPERVISION AND ENCOURAGEMENT NECESSARY TO GAIN COMPETENCE IN CLINICAL TECHNIQUES TOWARD THE END OF THE STUDENT'S FORMAL EDUCATION HE/SHE WILL BE PROVIDED WITH THE OPPORTUNITY TO DEVELOP LEADERSHIP AND MANAGEMENT SKILLS WHILE WORKING WITH A PRECEPTOR EVALUATION AND FEEDBACK BY THE EXPERIENCED PRECEPTOR ARE ESSENTIAL COMPONENTS IN ASSISTING THE STUDENT TO IDENTIFY ADDITIONAL LEARNING NEEDS PRIOR TO APPLYING FOR EMPLOYMENT IN THE HEALTH CARE ARENA NURSING STUDENTS FROM FLORIDA STATE UNIVERSITY, HILLSBOROUGH COMMUNITY COLLEGE, UNIVERSITY OF SOUTH FLORIDA, UNIVERSITY OF TAMPA AND ST PETERSBURG COLLEGE COMPLETED THEIR CLINICAL INTERNSHIPS AT MANY FACILITIES THROUGHOUT ST JOSEPH'S HOSPITALS OUR NURSES, DIETITIANS, LAB TECHNOLOGISTS AND RESPIRATORY THERAPISTS HELPED EDUCATE THESE FUTURE NURSES ABOUT MANY ASPECTS OF PATIENT CARE TECHNICAL STUDENTS COMPLETED THEIR CLINICAL ROTATIONS AT ST JOSEPH'S HOSPITAL IN A VARIETY OF SPECIALTIES, INCLUDING EKG, IMAGING AND NUCLEAR MEDICINE TEAM MEMBERS WHO MENTORED THESE STUDENTS DEVOTED NUMEROUS HOURS FOR ON-THE-JOB TRAINING OF THESE STUDENTS IN 2017 STUDENTS PURSUING CAREERS IN OTHER HEALTH FIELDS, SUCH AS PHARMACY, PHYSICAL THERAPY, RESPIRATORY THERAPY AND RADIOLOGY, ALSO COMPLETED INTERNSHIPS AND CLINICAL ROTATIONS AT ST JOSEPH'S HOSPITAL IN TOTAL MORE THAN 2,000 STUDENTS STUDIED AT OUR FACILITIES VOLUNTEER OPPORTUNITIESFOR MORE THAN 50 YEARS, MEMBERS OF THE COMMUNITY HAVE SPENT THOUSANDS OF HOURS VOLUNTEERING THEIR TIME TO ST JOSEPH'S HOSPITALS, AND ARE A VALUABLE RESOURCE TO THE HOSPITAL AND ITS PATIENTS VOLUNTEER OPPORTUNITIES FOR TEENS THROUGH SENIORS INCLUDE PROVIDING ASSISTANCE TO PATIENTS AND VISITORS AT THE INFORMATION DESKS AND IN THE GIFT SHOPS, WORKING WITH THE PASTORAL CARE OR CHILD LIFE TEAM, PROVIDING WHEELCHAIR ASSISTANCE, DRIVING THE HOSPITAL SHUTTLES, SERVING AS A PATIENT LIAISON IN THE WAITING ROOMS AND ASSISTING NURSING STAFF, PATIENTS AND FAMILIES IN THE HIGH-RISK AREAS IN ADDITION TO DONATING THE PROFITS FROM THE HOSPITAL GIFT SHOP BACK TO ST JOSEPH'S HOSPITALS, THE AUXILIARY ALSO SPONSORS BOOK, JEWELRY, UNIFORM AND VARIOUS OTHER SALES THROUGHOUT THE YEAR TO RAISE FUNDS FOR HOSPITAL PROJECTS IN 2017, 960 VOLUNTEERS CONTRIBUTED 130,060 HOURS OF SERVICE TO THE ORGANIZATION THEY SUPPORTED ALL OF OUR LOCATIONS ST JOSEPH'S HOSPITAL, ST JOSEPH'S WOMEN'S HOSPITAL, ST JOSEPH'S CHILDREN'S HOSPITAL, ST JOSEPH'S HOSPITAL-NORTH AND ST JOSEPH'S HOSPITAL-SOUTH BOARD OF TRUSTEESST JOSEPH'S HOSPITAL'S BOARD OF TRUSTEES IS COMPRISED OF A DIVERSE SET OF COMMUNITY MEMBERS WHO BELIEVE IN THE MISSION, VALUES, AND VISION OF ST JOSEPH'S HOSPITAL AND WHO DONATE THEIR TIME, TALENTS AND SUPPORT THE PRIMARY RESPONSIBILITY OF THE BOARD IS TO ASSIST WITH POLICY FORMULATION, DECISION MAKING AND OVERSIGHT BY ENSURING DECISION AND ACTIONS CONFORM TO ST JOSEPH'S HOSPITAL'S STRATEGIC PLANS AND BUDGETS AND PRODUCE INTENDED RESULTS CARING FOR THE ENVIRONMENTIN ADDITION TO CARING FOR PEOPLE, ST JOSEPH'S HOSPITAL RESPECTS THE ENVIRONMENT AND TAKES STEPS TO PRESERVE NATURAL RESOURCES A "GREEN TEAM" COMPRISED OF TEAM MEMBERS MEETS REGULARLY TO LOOK FOR AND CREATE OPPORTUNITIES FOR STAFF TO POSITIVELY IMPACT THE PLANET, FROM RECYCLING TO PLANTING TREES TO EDUCATING TEAM MEMBERS ABOUT ENERGY CONSERVATION AFTER OPENING IN 2010, THE "GREEN" CONSTRUCTION OF ST JOSEPH'S HOSPITAL-NORTH WAS RECOGNIZED AS THE FACILITY BECAME LEED CERTIFIED - THE FIRST HOSPITAL IN THE STATE TO EARN THIS DESIGNATION IN 2012, THE EXPANSION OF ST JOSEPH'S WOMEN'S HOSPITAL ALSO BECAME LEED CERTIFIED SINCE 2010, THE MAIN CAMPUS OF ST JOSEPH'S HOSPITAL HAS UTILIZED THE REGEN VANISH SYSTEM, A UNIQUE WASTE TREATMENT SYSTEM THAT REDUCES WASTE VOLUME BY 90 PERCENT THE SYSTEM PULVERIZES WASTE AND EXTRUDES FINE PARTICLES THAT CAN BE USED AS FUEL ST JOSEPH'S HOSPITAL IS THE FIRST IN THE COUNTRY TO UTILIZE THIS "GREEN" MEDICAL WASTE DISPOSAL SOLUTION

Additional Data

Software ID:
Software Version:
EIN: 59-0774199
Name: ST JOSEPH'S HOSPITAL INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

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? **1** 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**
1	ST JOSEPH'S HOSPITAL INC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33615 WWW BAYCARE ORG/SJH 4292	X	X	X				X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
ST JOSEPH'S HOSPITAL, INC	PART V, SECTION B, LINE 5 TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY ST JOSEPH'S HOSPITAL, THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 70 COMMUNITY STAKEHOLDERS IN THE ST JOSEPH'S HOSPITAL SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED ON PAGE 8 OF THE CHNA SEVERAL OF THE PARTICIPANTS RESPONDING TO THE SURVEY REPRESENT ORGANIZATIONS WHICH WORK WITH LOW-INCOME, MINORITY OR OTHER MEDICALLY UNDERSERVED POPULATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
ST JOSEPH'S HOSPITAL, INC	PART V, SECTION B, LINE 6A CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES 1 ST ANTHONY'S HOSPITAL2 MORTON PLANT HOSPITAL ASSOCIATION3 TRUSTEES OF MEASE4 ST JOSEPH'S HOSPITAL5 SOUTH FLORIDA BAPTIST HOSPITAL

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
ST JOSEPH'S HOSPITAL, INC	PART V, SECTION B, LINE 11 WHILE 15 AREAS OF OPPORTUNITY WERE IDENTIFIED WITHIN ST JOSEP H'S HOSPITALS' SERVICE AREAS, CONCENTRATED EFFORTS WILL BE DEDICATED DURING THE 2017-2019 TIME PERIOD TO ADDRESSING THE FOLLOWING SIGNIFICANT HEALTH NEEDS OF OUR COMMUNITY AS IDENT IFIED IN THE MOST RECENT CHNA - ACCESS TO HEALTHCARE SERVICES - CANCER - DIABETES - HEART DISEASE & STROKE - INFANT HEALTH - MENTAL HEALTH - SUBSTANCE ABUSE - NUTRITION, PHYSICAL ACTIVITY & WEIGHTPLEASE SEE THE ATTACHED IMPLEMENTATION PLAN FOR SPECIFIC ACTIVITIES THAT ARE UNDERWAY TO ADDRESS THESE SIGNIFICANT HEALTH NEEDS DURING THE 2017-2019 TIME PERIOD BA SED ON THE SCOPE/SCALE OF THE ISSUE, ST JOSEPH'S HOSPITALS' LEADERSHIP TEAM'S PERCEIVED A BILITY TO IMPACT THE ISSUE, THE AVAILABILITY OF EXISTING COMMUNITY RESOURCES ALREADY IN PL ACE TO ADDRESS THE ISSUE AND CONSIDERING COMMUNITY STAKEHOLDER FEEDBACK, THE SIGNIFICANT H EALTH NEEDS IDENTIFIED DURING THE 2016 ASSESSMENT THAT ARE NOT DIRECTLY REFERENCED IN THE 2017-2019 CHNA IMPLEMENTATION STRATEGY, ARE LISTED BELOW HIV/AIDSWHILE NO NEW ACTIVITIES A RE NOTED WITHIN THE CYCLE-2 CHNA IMPLEMENTATION PLAN SPECIFICALLY RELATED TO HIV/AIDS, ST JOSEPH'S HOSPITALS REMAIN COMMITTED TO SUPPORTING THOSE AFFECTED BY HIV/AIDS ST JOSEPH' S HOSPITALS' CONTINUED OPERATION OF HIV CLINICS IS ONE OF THE SPECIFIC WAYS IN WHICH THAT COMMITMENT TO OUR COMMUNITY IS DEMONSTRATED ON A DAILY BASIS LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR NEW ACTION DURING THE CYCLE-2 PERIOD INJURY & VIOLENCEST JOSEPH'S HOSPITALS' LEADERSHIP BELIEVES THAT THIS PRIORITY AREA FALLS MORE WI THIN THE PURVIEW OF OTHER COMMUNITY ORGANIZATIONS OTHER COMMUNITY ORGANIZATIONS HAVE INFR ASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED LIMITED RESOURCES EXCLUDED THIS AS AN AREA CHOSENFOR ACTION ORAL HEALTHST JOSEPH'S HOSPITALS HAVE LIMITED RESOURCES, SER VICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH OTHER COMMUNITY ORGANIZATIONS HAVE I NFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION POTENTIALLY DISABLING CONDITIONS ST J OSEPH'S HOSPITALS' LEADERSHIP BELIEVES THAT EFFORTS OUTLINED HEREIN TO IMPROVE ACCESS TO H EALTH SERVICES WILL HAVE A POSITIVE IMPACT ON AIDING THOSE WITH POTENTIALLY DISABLING COND ITIONS AND THAT A SEPARATE SET OF INITIATIVES WAS NOT NECESSARY AT THIS TIME RESPIRATORY D ISEASESWHILE NO NEW ACTIVITIES ARE NOTED WITHIN THE CYCLE-2 CHNA IMPLEMENTATION PLAN SPECI FICALLY RELATED TO RESPIRATORY DISEASES, ST JOSEPH'S HOSPITALS REMAIN COMMITTED TO SUPPOR TING THOSE AFFECTED BY THESE CONDITIONS THROUGH VARIOUS INITIATIVES (SPECIFICALLY COPD, CL RD AND ASTHMA) LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR N EW ACTION DURING THE CYCLE-2 PERIOD SEXUALLY TRANSMITTED DISEASESST JOSEPH'S HOSPITALS' L EADERSHIP BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF THE COUNTY HEA LTH DEPARTMENT AND OTHER COMMU

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
ST JOSEPH'S HOSPITAL, INC	NITY ORGANIZATIONS LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN F OR ACTION TOBACCO USEWHILE NO NEW ACTIVITIES ARE NOTED WITHIN THE CYCLE-2 CHNA IMPLEMENTAT ION PLAN SPECIFICALLY RELATED TO TOBACCO USE, ST JOSEPH'S HOSPITALS' HAVE INTEGRATED SMOK ING CESSATION INITIATIVES WITHIN THE HEART DISEASE & STROKE AND DIABETES SECTIONS OF THE P LAN A SEPARATE SET OF INITIATIVES WAS NOT CONSIDERED TO BE NECESSARY AT THIS TIME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
ST JOSEPH'S HOSPITAL, INC	PART V, SECTION B, LINE 13B PATIENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ON THE PORTION OF HOSPITAL BILLS EXCEEDING 25% OF ANNUAL INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
ST JOSEPH'S HOSPITAL, INC	PART V, SECTION B, LINE 18E LIEN ACTION RELATED TO COLLECTIONS IS LIMITED TO PATIENTS INVOLVING AUTO LIABILITY INSURANCE

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," on 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

2017

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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**
PART I, LINE 2	ST JOSEPH'S HOSPITAL, INC CONTRIBUTES TO ORGANIZATIONS THAT ARE IN ALIGNMENT WITH OUR MISSION WE STRIVE TO ENSURE THAT CONTRIBUTIONS ARE MADE TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE TYPICALLY, MEMBERS OF MANAGEMENT ARE INVOLVED WITH THESE ORGANIZATIONS AND MONITOR THE BENEFITS OUR LOCAL COMMUNITY RECEIVES FROM THESE CONTRIBUTIONS

Additional Data

Software ID:
Software Version:
EIN: 59-0774199
Name: ST JOSEPH'S HOSPITAL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY 35 DAVIS BLVD TAMPA, FL 33606	59-1835985	501(C)(3)	5,500				DONATION TO STORY BOOK BALL
HEMOPHILIA FOUNDATION OF GREATER FLORIDA 1350 WEST ORANGE AVE STE 227 WINTER PARK, FL 32789	59-3418827	501(C)(3)	15,000				SUPPORTING HEMOPHILIA OR OTHER RELATED BLEEDING DISORDERS IN THE TAMPA AREA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FLORIDA HEMOPHILIA ASSOCIATION 915 MIDDLE RIVER DRIVE STE 421 FT LAUDERDALE, FL 33304	59-2072352	501(C)(3)	6,000				SUPPORTING ST JOSEPH'S HOSPITAL PATIENTS COMPASSIONATE CARE PROGRAM

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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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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**	Yes	
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**	Yes	
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on 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 on 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 in column (B) reported as deferred on 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
PART I, LINE 1A	KATE REED RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF $24,000 DURING 2017 WHICH WAS INCLUDED IN HER TAXABLE COMPENSATION
PART I, LINE 3	THE FILING ORGANIZATION DOES NOT USE ANY OF THE OPTIONS LISTED IN SCHEDULE J, PART I, LINE 3 TO ESTABLISH THE COMPENSATION OF THE CEO/EXECUTIVE DIRECTOR HOWEVER, THE RELATED ORGANIZATION, BAYCARE HEALTH SYSTEM INC, USES COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE AS A MEANS TO ESTABLISH THE CEO'S COMPENSATION OF THE FILING ORGANIZATION
PART I, LINES 4A-B	KAREN HOWELL RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $71,059 DURING 2017 GLENN WATERS - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD $187,776 IN BENEFITS VEST IN 2017 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION HE HAD $16,993 OF NONVESTED BENEFITS ACCRUE DURING 2017 THIS AMOUNT IS INCLUDED IN PART II (C) RETIREMENT AND OTHER DEFERRED COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF $78,772 IN 2017 CARL TREMONTI - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD $117,157 IN BENEFITS VEST IN 2017 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF $49,147 IN 2017 KIMBERLY GUY - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN SHE HAD $122,623 IN BENEFITS VEST IN 2017 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF $51,440 IN 2017 PAULA MCGUINESS - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN SHE HAD $43,278 IN BENEFITS VEST IN 2017 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF $18,155 IN 2017 MATTHEW NOVAK - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD $8,850 OF NONVESTED BENEFITS ACCRUE DURING 2017 THIS AMOUNT IS INCLUDED IN PART II (C) RETIREMENT AND OTHER DEFERRED COMPENSATION MICHAEL SMITH - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD $50,397 OF NONVESTED BENEFITS ACCRUE DURING 2017 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 $38,152 IN BENEFITS VEST IN 2017 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF $316,132 IN 2017

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 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1GLENN WATERS TRUSTEE/PRES/EVP, COO BAYCARE	(i)	0	0	0	0	0	0	0
	(ii)	882,861	387,681	310,850	34,342	41,694	1,657,428	0
1CARL TREMONTI VP, CFO BAYCARE HOSP DIV	(i)	0	0	0	0	0	0	0
	(ii)	391,450	122,076	166,512	13,500	18,573	712,111	33,098
2KIMBERLY GUY PRES SJH/SVP MARKET LEADER HILLSB	(i)	0	0	0	0	0	0	0
	(ii)	428,348	137,695	177,942	13,500	28,804	786,289	37,377
3PAULA MCGUINESS PRES ST JOSEPH'S HOSP NORTH	(i)	0	0	0	0	0	0	0
	(ii)	262,953	79,232	84,724	42,364	12,009	481,282	0
4KATE REED PRES SJWH & SJCH	(i)	0	0	0	0	0	0	0
	(ii)	183,005	25,000	34,759	2,243	18,950	263,957	0
5MATTHEW NOVAK PRES SJH SOUTH	(i)	0	0	0	0	0	0	0
	(ii)	209,381	37,841	30,279	21,253	19,834	318,588	0
6JOANNE MAYERS VP, PATIENT SVCS/CNO - EAST	(i)	185,150	14,587	5,159	4,732	30,899	240,527	0
	(ii)	0	0	0	0	0	0	0
7LORRAINE SARGENT DIRECTOR IMAGING EAST REGION	(i)	137,263	14,726	9,921	7,587	15,602	185,099	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL HANCE DIRECTOR OPERATIONS ST JOSEPH'S HOSP	(i)	185,741	22,856	14,402	10,215	9,698	242,912	0
	(ii)	0	0	0	0	0	0	0
9KAREN HOWELL DIR PATIENT SERVICES - SJW	(i)	131,920	17,994	85,120	0	15,039	250,073	0
	(ii)	0	0	0	0	0	0	0
10LYDIA BOUTROS CLINICAL PHARMACIST	(i)	158,048	63,830	7,967	9,359	1,422	240,626	0
	(ii)	0	0	0	0	0	0	0
11MELANIE DESOUZA MEMBER PHYSICIAN-PRIMARY CARE	(i)	208,793	27,462	1,664	12,374	24,965	275,258	0
	(ii)	0	0	0	0	0	0	0
12DELPHINE BALLARD DIRECTOR, REHABILITATION & WOUND CAR	(i)	180,113	22,265	5,550	9,776	11,424	229,128	0
	(ii)	0	0	0	0	0	0	0
13MICHAEL SMITH FORMER PRES SJH SOUTH	(i)	0	0	0	0	0	0	0
	(ii)	295,493	85,828	27,584	63,897	25,670	498,472	0
14CATHY YODER FORMER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	51,627	20,808	7,797	2,682	4,306	87,220	26,715

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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 990-EZ 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

2017

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
FORM 990, PART VI, SECTION A, LINE 6	TRINITY HEALTH, AN INDIANA NONPROFIT CORPORATION IS THE SOLE MEMBER OF ST JOSEPH'S HOSPITAL, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION SHALL BE APPOINTED BY THE MEMBER TRINITY HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE TAXPAYER IS A PARTICIPANT, AS DEFINED IN THE SECOND RESTATED JOINT OPERATING AGREEMENT DATED AS OF MAY 23, 2006, AS AMENDED (THE "JOA") UNDER THE JOA, BAYCARE HEALTH SYSTEM, I NC IS RESPONSIBLE FOR THE OPERATIONS OF THE PARTICIPANTS THE JOA PARTICIPANTS INCLUDE TH E TAXPAYER AND OTHER HOSPITALS AND NON-HOSPITAL ORGANIZATIONS NOTICE OF THE JOA WAS PREVI OUSLY PROVIDED TO THE INTERNAL REVENUE SERVICE BY LETTER DATED JULY 1, 1997 TRINITY HEALT H SHALL RESERVE TO ITSELF IN ITS CAPACITY AS THE CORPORATE MEMBER OF THE CORPORATION THE F OLLOWING TWO CATEGORIES OF ACTIONS CLASS I MEMBER RESERVED RIGHTS AND CLASS II MEMBER RES ERVED RIGHTS A CLASS I MEMBER RESERVED RIGHTS 1 ADDITION, DELETION OR RECONFIGURATION OF SERVICES OF THE CORPORATION 2 ESTABLISHMENT OF OVERALL CAPITAL AND OPERATING BUDGETS AND STRATEGIC PLANS APPLICABLE TO THE CORPORATION, INCLUDING THE USE OF THE FUNDS OF THE C ORPORATION 3 EXCLUSIVE AUTHORITY TO ENTER INTO MANAGED CARE CONTRACTS ON BEHALF OF THE C ORPORATION 4 APPROVAL OF CONTRACTS ON BEHALF OF THE CORPORATION (BUT THE CLASS I MEMBER MAY ESTABLISH POLICIES FROM TIME TO TIME PROVIDING THAT ONLY SPECIFIC TYPES OF CONTRACTS O R CONTRACTS INVOLVING OBLIGATIONS IN EXCESS OF SPECIFIED LEVELS NEED TO BE APPROVED BY THE CLASS I MEMBER) 5 AUTHORITY TO ESTABLISH FEES AND CHARGES ON BEHALF OF THE CORPORATION 6 DETERMINATION OF WHETHER THE CORPORATION SHOULD JOIN ANY NETWORKS OR ALTERNATIVE OR IN TEGRATED DELIVERY SYSTEMS 7 ESTABLISHMENT OF EMPLOYMENT AND OTHER POLICIES APPLICABLE TO ALL PERSONNEL EMPLOYED BY THE CORPORATION 8 APPROVAL OF THE PHILOSOPHY, MISSION STATEME NT AND PURPOSES OF THE OF THE CORPORATION 9 APPROVAL OF CHANGES IN THE ARTICLES OF INCOR PORATION OR IN THE BYLAWS OF THE CORPORATION 10 APPROVAL OF THE MERGER, CONSOLIDATION, D ISSOLUTION, SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS OF THE CORPORATION, OR OTHE R CHANGE IN CORPORATE FORM, CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION 11 A PPROVAL OF THE INCURRENCE OF INDEBTEDNESS BY THE CORPORATION ABOVE CERTAIN LIMITS ESTABLIS HED BY THE CLASS I MEMBER 12 APPROVAL OF THE ESTABLISHMENT OF ADDITIONAL AFFILIATES OR S UBSIDIARIES OF THE CORPORATION 13 ADOPTION OF STRATEGIC PLANS OR MAJOR CHANGES IN PROGRA MS OR SERVICES OF THE CORPORATION 14 APPROVAL OF THE PURCHASE, SALE, TRANSFER, OR OTHER ENCUMBRANCE OF ASSETS OF THE CORPORATION ABOVE SPECIFIED LEVELS ESTABLISHED BY THE CLASS I MEMBER B CLASS II MEMBER RESERVED RIGHTS 1 APPROVAL OF THE PHILOSOPHY, MISSION STATEM ENT AND PURPOSES OF THE CORPORATION 2 APPROVAL OF THE MERGER, CONSOLIDATION, DISSOLUTION , SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS OF THE CORPORATION, OR OTHER CHANGE I N CORPORATE FORM, CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION 3 APPROVAL OF THE CLOSURE OF A HOSPITAL FACILITY OF THE CORPORATION 4 APPROVAL OF ANY SALE, LONG TERM LEASE, MORTGAGE, ENCUMBRANCE OR DISPOSITION OF PROPERTY OF THE CORPORATION CONSTITUTING AN 'ALIENATION' UNDER PRINCIPLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	OF CANON LAW 5 APPROVAL OF MATTERS RELATING TO THE IMPLEMENTATION OF AND COMPLIANCE WIT H THE ETHICAL AND RELIGIOUS DIRECTIVES 6 CHANGE IN THE NAME OF THE HOSPITAL FACILITY OF THE CORPORATION 7 APPROVAL OF SUBSTANTIVE CHANGES IN THE ARTICLES OF INCORPORATION OF TH E CORPORATION AND THESE BYLAWS PROVIDED THAT PRIOR NOTICE OF ANY CHANGE IN THE ARTICLES OF INCORPORATION OF THE CORPORATION OR THESE BYLAWS SHALL BE PROVIDED TO TRINITY HEALTH AND, IF SUCH CHANGE, AS A RESULT OF TRINITY HEALTH BEING A CATHOLIC ENTITY, MUST BE APPROVED B Y TRINITY HEALTH, SUCH CHANGE, REGARDLESS OF WHETHER IT IS SUBSTANTIVE AS A MATTER OF CIVI L LAW, SHALL BE SUBJECT TO THE APPROVAL OF THE MEMBER 8 WITH REGARD TO ANY ASSETS OF THE CORPORATION NO LONGER REQUIRED IN THE OPERATIONS OF THE CORPORATION, APPROVAL OF ANY SALE OR OTHER DISPOSITION OF ANY ASSETS NOT IN THE ORDINARY COURSE WHICH HAVE A VALUE IN EXCES S OF $3 MILLION, AND WITH REGARD TO ALL OTHER ASSETS OF THE CORPORATION USED IN THE OPERAT IONS OF THE CORPORATION, APPROVAL OF ANY SALE OR OTHER DISPOSITION OF SUCH ASSETS NOT IN T HE ORDINARY COURSE (BUT THE FOREGOING IS NOT INTENDED TO LIMIT ANY TRANSFER OF THE LOCATIO N OF THE ASSETS FROM THE CORPORATION TO ANOTHER ENTITY IN CONNECTION WITH A DULY AUTHORIZE D RECONFIGURATION OF SERVICES)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE ORGANIZATION AND REVIEWED BY THE CFO, AS WELL AS THE ORGANIZATION'S PAID PREPARER PRIOR TO FILING WITH THE IRS, A FINAL COPY OF THE FORM 990 WAS PROVIDED TO THE ENTIRE BOARD VIA A WEB PORTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ST JOSEPH'S HOSPITAL, INC HAS TWO SEPARATE CONFLICT OF INTEREST PROCEDURES, ONE THAT REL ATES TO BOARD MEMBERS AND ANOTHER THAT RELATES TO NON-BOARD MEMBER EMPLOYEES BOTH GROUPS ARE REQUIRED ON AN ANNUAL BASIS TO COMPLETE, SIGN AND FILE AN ANNUAL DISCLOSURE STATEMENT DETAILING EXISTING OR POTENTIAL CONFLICTS OF INTERESTS DISCLOSURE REQUIREMENTS OF BOARD A ND COMMITTEE MEMBERS PRIOR TO ANY AND ALL BOARD OR COMMITTEE MEETINGS, EACH BOARD/COMMITTE E MEMBER SHALL REVIEW THE MEETING AGENDA FOR ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN THE EVENT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ASSOCIATED WITH ANY AGENDA ITEM IS CONCLUDED BY A BOARD/COMMITTEE MEMBER AFTER SUCH REVIEW, THE IMPACTED BOARD/COMMITTEE M EMBER SHALL INFORM THE BOARD/COMMITTEE CHAIRPERSON OF THE CONFLICT IN ADVANCE OF THE MEETI NG REQUIRED ACTION AFTER DISCLOSURE OF THE BOARD/COMMITTEE MEMBER'S ACTUAL OR POTENTIAL C ONFLICT TO THE BOARD/COMMITTEE CHAIRPERSON AS SET FORTH ABOVE, THE FOLLOWING PROCEDURES FO R ADDRESSING THE CONFLICT OF INTEREST WILL BE ADHERED TO BY EACH BOARD AND ALL COMMITTEES WITHOUT EXCEPTION 1 THE BOARD/COMMITTEE CHAIRPERSON SHALL, UPON DISCLOSURE BY AN IMPACTE D BOARD/COMMITTEE MEMBER, HAVE THE DISCRETION (BASED UPON THE SEVERITY OF THE ACTUAL OR PO TENTIAL CONFLICT) TO EXCUSE THE IMPACTED BOARD/COMMITTEE MEMBER FROM THE BOARD/COMMITTEE D ISCUSSIONS ON THAT AGENDA ITEM 2 REGARDLESS OF WHETHER THE IMPACTED BOARD/COMMITTEE MEMB ER IS ASKED TO LEAVE THE ROOM DURING THE AGENDA ITEM DISCUSSION, THE BOARD/COMMITTEE CHAIR PERSON SHALL NOTIFY ALL BOARD/COMMITTEE MEMBERS OF THE ACTUAL OR POTENTIAL CONFLICT OF INT EREST SO EVERYONE IS AWARE OF THE SAID CONFLICT BEFORE ANY DISCUSSIONS AND/OR VOTE ON THE MATTER 3 THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE BAYCARE ENTITY CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM AN INDIVIDUAL OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST 4 IF A MORE ADVANTAGEOUS TRAN SACTION OR ARRANGEMENT IS NOT REASONABLY AVAILABLE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BAYCARE ENTITY'S BEST INTEREST, AND WHET HER THE TRANSACTION IS FAIR AND REASONABLE TO BAYCARE AN INTERESTED BOARD/COMMITTEE SHALL NOT VOTE, PARTICIPATE IN, INFLUENCE, OR ATTEMPT TO INFLUENCE ANY DETERMINATION OR PROCEED INGS AS REQUESTED BY THE BOARD/COMMITTEE CHAIRPERSON, THE INTERESTED BOARD/COMMITTEE MEMB ER MAY, HOWEVER, RESPOND TO QUESTIONS POSED BY THE BOARD/COMMITTEE REGARDING THE CONTRACT OR TRANSACTION ANY SUCH CONTRACT OR TRANSACTION MUST BE AUTHORIZED BY A VOTE OF AT LEAST TWO-THIRDS (2/3) OF THE BOARD/ COMMITTEE MEMBERS ENTITLED TO VOTE AT A MEETING AT WHICH A QUORUM WAS PRESENT ANY INTERESTED BOARD/COMMITTEE MEMBER MAY NOT BE COUNTED IN DETERMININ G THE EXISTENCE OF A QUORUM 5 THE MINUTES OF THE BOARD AND ALL COMMITTEES SHALL REFLECT THE FOLLOWING A THE NAME(S) OF THE BOARD/COMMITTEE MEMBER(S) WHO DISCLOSED OR WAS OTHERW ISE FOUND TO HAVE AN ACTUAL OR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD/C OMMITTEE CHAIRPERSON'S DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED B THE NAMES OF THE BOARD/COMMITTEE MEMBERS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELAT ING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERN ATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN ON THE SUBJECT AT ISSUE C THE INTERESTED BOARD/COMMITTEE MEMBER'S REMOVAL FROM THE ROOM (IF REQ UESTED BY THE CHAIRPERSON), EXCLUSION FROM VOTING AND PARTICIPATION IN DISCUSSIONS, AND TH E EXISTENCE OF A PROPER QUORUM FOR EMPLOYEES, THE REVIEW OF CONFLICTS OF INTEREST OR POTE NTIAL CONFLICTS GOES TO THE CONFLICT OF INTEREST DETERMINATION COMMITTEE THIS COMMITTEE C ONSISTS OF THE BAYCARE CHIEF COMPLIANCE OFFICER, THE CORPORATE RESPONSIBILITY OFFICERS, AN D THE BAYCARE VICE PRESIDENT OF TEAM RESOURCES THIS COMMITTEE SHALL DETERMINE IF AN ACTUA L CONFLICT EXISTS AND ANY ACTION REQUIRED TO ADDRESS THE CONFLICT OF INTEREST SITUATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE FILING ORGANIZATION DOES NOT DIRECTLY COMPENSATE SOME OF ITS TOP MANAGEMENT EMPLOYEES, RATHER COMPENSATION 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 ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM, REVIEW AND APPROVE COMPENSATION AND BENEFITS FOR ALL "DISQUALIFIED PERSONS" SUBJECT TO THE INTERMEDIATE SANCTIONS REGULATIONS ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE (INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER & CHIEF FINANCIAL OFFICER, OTHER SYSTEM AND ENTITY EXECUTIVES, AND OTHER DISQUALIFIED PERSONS AS DEFINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (I E , VOTING MEMBERS OF THE GOVERNING BODY, FAMILY MEMBERS, FORMER OFFICERS), AND ESTABLISH THE COMPENSATION PHILOSOPHY FOR ALL OTHER EXECUTIVES THIS COMMITTEE ENGAGES NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS TO ASSIST THEM IN REVIEW OF EXECUTIVE COMPENSATION THE COMPENSATION CONSULTANTS PROVIDE A REVIEW OF EACH VICE PRESIDENT AND ABOVE IN THE SYSTEM TO DETERMINE IF THAT EMPLOYEE'S COMPENSATION IS REASONABLE WHEN COMPARED AGAINST MARKET STANDARDS THE DATA REVIEWED COMES FROM COMPENSATION STUDIES THAT INCLUDE COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THE ORGANIZATION KEEPS CONTEMPORANEOUS MINUTES OF THE COMPENSATION COMMITTEES MEETINGS AND DECISIONS EXTERNAL CONSULTANTS REVIEW COMPENSATION EVERY OTHER YEAR, THE LAST REVIEW OCCURRING IN 2017, BUT THE COMPENSATION COMMITTEE REGULARLY MONITORS COMPENSATION AND ALL OTHER PROCEDURES ARE FOLLOWED ANNUALLY

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ST JOSEPH'S HOSPITAL, INC PUBLISHES ITS FINANCIAL STATEMENTS WITH THE AGENCY FOR HEALTH CARE ADMINISTRATION GOVERNING DOCUMENTS ARE AVAILABLE VIA SUNBIZ ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN NET ASSETS OF FOUNDATION -20,105 CHANGE IN MINMUM PENSION OBLIGATION 6,216,981 CONTRIBUTIONS IN NET ASSETS -1,357,512

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

OMB No 1545-0047

2017

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.

See Additional Data Table

(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

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 CNTR 900 CARILLON ST PET, FL 33716 26-1116740	HEALTH SRVC	FL	SAPOB	N/A				No			No	
(2) ST ANT PHY SURG CNTR 705 16TH ST N ST PET, FL 33705 01-0861245	HEALTH SRVC	FL	SAPOB	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	SJHCC	C				Yes	
(2)HEALTHPOINT MEDICAL GROUP INC 4902 EISENHOWER BLVD SUITE 300 TAMPA, FL 33634 59-3244268	PHYSICIAN GRO	FL	SJHCC	C				Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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		No
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		No
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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)

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
2985 DREW ST CLEARWATER, FL 33759 59-2796965	SUPPORT SRVCS	FL	501(C)(3)	12A	N/A		No
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 59-2822519	SUPPORTS SJH	FL	501(C)(3)	12B	SJHCC	Yes	
4100 FLETCHER AVE TAMPA, FL 33613 58-1377711	RETIRE CMMNTY	FL	501(C)(3)	10	SJHCC	Yes	
301 N ALEXANDER STREET PLANT CITY, FL 33563 59-0594631	MEDICAL SRVCS	FL	501(C)(3)	3	N/A	Yes	
1200 SEVENTH AVE NORTH ST PETERSBURG, FL 33705 59-2018848	REAL ESTATE	FL	501(C)(3)	10	SJHCC	Yes	
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 59-3152608	MEDICAL ASST	FL	501(C)(3)	10	SJHCC	Yes	
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 59-2822516	HEALTH INVEST	FL	501(C)(3)	12B	SJHCC	Yes	
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 59-2593686	SUPPORT SRVCS	FL	501(C)(3)	12B	N/A	Yes	
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 59-2131207	SUPPORTS SJH	FL	501(C)(3)	12C	N/A		No
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 59-1100828	FUNDRAISING	FL	501(C)(3)	12C	SJHCC	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOSEPH'S HEALTH CARE CENTER INC	C	1,357,512	FMV
FRANCISCAN PROPERTIES INC	K	1,105,487	FMV
FRANCISCAN PROPERTIES INC	L	51,772	FMV
ST JOSEPH'S HEALTH CARE CENTER INC	M	23,048,424	FMV
SOUTH FLORIDA BAPTIST HOSPITAL INC	O	1,081,611	FMV
ST JOSEPH'S HEALTH CARE CENTER INC	O	231,151	FMV
JOHN KNOX VILLAGE OF TAMPA BAY INC	O	637,354	FMV
FRANCISCAN PROPERTIES INC	O	155,370	FMV
JOHN KNOX VILLAGE OF TAMPA BAY INC	R	67,210	FMV
SOUTH FLORIDA BAPTIST HOSPITAL INC	R	717,815	FMV
FRANCISCAN PROPERTIES INC	S	1,364,564	FMV
ST JOSEPH'S HEALTH CARE CENTER INC	S	23,041,817	FMV