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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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)

Room/suite

3003 W DR MARTIN LUTHER KING BLVD

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

TAMPA, FL 33607

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 ▶

D Employer identification number

59-0774199

E Telephone number

(813) 870-4942

G Gross receipts \$ 1,376,706,625

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ SEE SCHEDULE O

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

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 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)

20

4

Number of independent voting members of the governing body (Part VI, line 1b)

18

5

Total number of individuals employed in calendar year 2018 (Part V, line 2a)

7,713

6

Total number of volunteers (estimate if necessary)

1,185

7a

Total unrelated business revenue from Part VIII, column (C), line 12

2,263,133

7b

Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

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

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

8,349,975

8,768,983

1,320,927,646

1,356,940,834

-11,470

10,222

11,091,530

10,986,158

1,340,357,681

1,376,706,197

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

39,000

33,500

0

0

432,249,393

439,063,894

0

0

721,344,282

752,746,401

1,153,632,675

1,191,843,795

186,725,006

184,862,402

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

1,753,104,088

1,927,209,250

79,371,668

77,431,239

1,673,732,420

1,849,778,011

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

2019-11-12

Date

RONALD BEAMON 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 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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 \$ 982,550,205 including grants of \$ 33,500 ) (Revenue \$ 1,359,906,059 )  
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 ▶ 982,550,205

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> 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 . . . . .		<b>2a</b>	7,713			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		No
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.		No
<b>b</b>	Other officers or key employees of the organization.	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
<b>b</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?	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-A 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

## 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 ☐

**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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	1,633,306	4,853,279	636,749

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 ▶ 283

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
BARTON MALOW COMPANY 26500 AMERICAN DR SOUTHFIELD, MI 48034	CONSTRUCTION SERVICES	18,072,328
ROBINS & MORTON GROUP 400 SHADES CREEK PKWY BIRMINGHAM, AL 35209	CONSTRUCTION SERVICES	11,235,735
BAY LINEN INC 11525 47TH ST N CLEARWATER, FL 33762	LAUNDRY SERVICES	6,133,258
CHILDRENS HOSPITAL PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224	PHYSICIAN SERVICES	5,707,629
SIEMENS MEDICAL SOLUTIONS USA PO BOX 120001 DEPT 0733 DALLAS, TX 75312	SOFTWARE SERVICES	3,392,678

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 ► 153



Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	1,964,514		
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,440,148		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,364,321		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		8,768,983		
Program Service Revenue		Business Code			
	<b>2a</b> HOSPITAL PATIENT CARE	621500	875,558,621	873,398,017	2,160,604
	<b>b</b> MEDICARE/MEDICAID PMNT	621990	481,041,489	481,041,489	
	<b>c</b> RENTAL INCOME FROM AFF	621990	340,724	340,724	
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,356,940,834		
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶				
	<b>5</b> Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	<b>6a</b> Gross rents	174,607			
	<b>b</b> Less rental expenses	0			
	<b>c</b> Rental income or (loss)	174,607			
	<b>d</b> Net rental income or (loss) . . . . . ▶		174,607		174,607
		(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory		10,650		
	<b>b</b> Less cost or other basis and sales expenses		428		
	<b>c</b> Gain or (loss)		10,222		
	<b>d</b> Net gain or (loss) . . . . . ▶		10,222		10,222
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>				
	<b>b</b> Less direct expenses . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . ▶				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>				
	<b>b</b> Less direct expenses . . . . . <b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>				
	<b>b</b> Less cost of goods sold . . . <b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . ▶				
Miscellaneous Revenue	Business Code				
<b>11a</b> CAFETERIA	722514	7,743,797		7,743,797	
<b>b</b> OTHER HEALTH SVCS REV	621990	3,067,754	2,965,225	102,529	
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		10,811,551			
<b>12 Total revenue.</b> See Instructions . . . . . ▶		1,376,706,197	1,357,745,455	2,263,133	7,928,626

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	33,500	33,500		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	373,118,834	369,009,966	4,108,868	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	14,303,206	14,145,696	157,510	
<b>9</b> Other employee benefits.	24,889,502	24,615,413	274,089	
<b>10</b> Payroll taxes.	26,752,352	26,464,544	287,808	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	35,005		35,005	
<b>c</b> Accounting.	2,521		2,521	
<b>d</b> Lobbying.	6,364	6,364		
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	59,876,493	58,927,409	949,084	
<b>12</b> Advertising and promotion.	587,949	587,493	456	
<b>13</b> Office expenses.	16,570,379	16,418,435	151,944	
<b>14</b> Information technology.	2,509,927	1,530,671	979,256	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	17,650,464	16,662,620	987,844	
<b>17</b> Travel.	2,241,441	2,212,858	28,583	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	14,520,165	14,520,165		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	60,566,552	60,358,464	208,088	
<b>23</b> Insurance.	33,048,579	33,048,579		
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	203,088,167	202,878,540	209,627	
<b>b</b> MANAGEMENT FEES	163,897,770		163,897,770	
<b>c</b> UBI TAXES	22,200	22,200	0	
<b>d</b> BAD DEBT EXPENSE	83,867,412	83,867,412		
<b>e</b> All other expenses	94,255,013	57,239,876	37,015,137	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,191,843,795	982,550,205	209,293,590	0
<b>26</b> 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 <input type="checkbox"/> 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		115,769	<b>1</b>	35,068	
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>		
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		129,291,080	<b>4</b>	139,511,867	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	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 . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		1,346,421	<b>7</b>	905,824	
	<b>8</b>	Inventories for sale or use . . . . .		24,861,895	<b>8</b>	25,942,579	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		5,289,439	<b>9</b>	5,550,652	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	1,450,032,762			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	795,163,345	641,160,675	<b>10c</b>	654,869,417
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		5,460,238	<b>13</b>	5,745,236	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		945,578,571	<b>15</b>	1,094,648,607	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,753,104,088	<b>16</b>	1,927,209,250		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		55,476,980	<b>17</b>	57,184,070	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		198,985	<b>19</b>	181,703	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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 . . . . .		23,695,703	<b>25</b>	20,065,466	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		79,371,668	<b>26</b>	77,431,239	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .		1,671,539,054	<b>27</b>	1,847,897,079	
	<b>28</b>	Temporarily restricted net assets . . . . .		2,193,366	<b>28</b>	1,880,932	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,673,732,420	<b>33</b>	1,849,778,011		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,753,104,088	<b>34</b>	1,927,209,250		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,376,706,197
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,191,843,795
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	184,862,402
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,673,732,420
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-8,816,811
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,849,778,011

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 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?  
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?  
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?  
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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

ST JOSEPH'S HOSPITAL, INC (SJH) IS A FULL-SERVICE 1,002-BED COMMUNITY HOSPITAL DURING 2018, SJH PROVIDED INPATIENT CARE TO 59,931 PATIENTS, TREATED 255,424 PATIENTS IN THE EMERGENCY DEPARTMENT, AND DELIVERED 8,212 BABIES THROUGH EFFORTS OF THE MEDICAL ASSISTANCE PROGRAM AND THE HOSPITAL'S CHARITY CARE PROGRAM, SJH SAW A NET COMMUNITY BENEFIT EXPENSE OF OVER \$178.9 MILLION THE HOSPITAL ALSO PROVIDED OTHER COMMUNITY SERVICES TOTALING NEARLY \$8.9 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT BASKIN ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0
HUGH CAMPBELL ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
BETTY CASTOR ..... TRUSTEE TILL SEPTEMBER	1 00 ..... 0 00	X						0	0	0
AVRIL CHIN FATT ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0
RICK COLON ..... TRUSTEE/PAST CHAIR	1 00 ..... 1 00	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
CR HALL ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
TRACY HALME ..... TRUSTEE/VICE CHAIR/SECRETARY	1 00 ..... 1 00	X		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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN JENNEWEIN ..... TRUSTEE/CHAIRMAN	1 00 .....	X		X				0	0	0
DONNA JORDAN ..... TRUSTEE	1 00 .....	X						0	0	0
DOUGLAS MCFADDEN ..... TRUSTEE	1 00 ..... 0 00	X						0	19,935	0
STEPHEN MENDOZA ..... TRUSTEE	1 00 .....	X						0	0	0
JERILYN REED ..... TRUSTEE	1 00 ..... 0 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
PAT SHIRLEY ..... TRUSTEE	1 00 ..... 1 00	X						0	0	0
GLENN WATERS ..... TRUSTEE/EVP, COO BAYCARE	1 00 ..... 60 00	X		X				0	1,549,036	59,994

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAUREN WEINER ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
CARL TREMONTI ..... VP, CFO BAYCARE HOSP DIV TILL MAY	1 00 ..... 63 00			X				0	698,208	26,327
RONALD BEAMON ..... VP, CFO BAYCARE HOSP DIV EFF MAY	1 00 ..... 58 00			X				0	310,364	21,585
KIMBERLY GUY ..... PRES SJH/SVP MARKET LEADER HILLSB	1 00 ..... 48 00				X			0	754,096	44,909
PAULA MCGUINESS ..... PRES ST JOSEPH'S HOSP NORTH	1 00 ..... 45 00				X			0	411,961	58,552
KATE REED ..... PRES SJWH & SJCH	1 00 ..... 45 00				X			0	375,625	63,927
MATTHEW NOVAK PRESIDENT ..... SJH SOUTH TILL DECEMBER	1 00 ..... 46 00				X			0	315,514	69,191
MICHAEL HANCE ..... DIR OPERATIONS ST JOSEPH'S HOSP SOUTH	45 00 ..... 0 00					X		227,750	0	23,665
LYDIA BOUTROS ..... CLINICAL PHARMACIST	45 00 ..... 0 00					X		241,079	0	13,432
MARK ZDUNIAK ..... CLINICAL PHARMACIST	45 00 ..... 0 00					X		214,700	0	21,065



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN SANTOS ..... CLINICAL PHARMACIST	45 00 ..... 0 00					X		209,753	0	44,819
DELPHINE BALLARD ..... DIR, REHABILITATION & WOUND CARE	45 00 ..... 0 00					X		214,400	0	25,089
JOANNE MAYERS ..... FORMER KEY/VP, PATIENT SVCS/CNO	45 00 ..... 0 00						X	345,199	0	52,711
LORRAINE SARGENT ..... FORMER KEY/DIRECTOR IMAGING	45 00 ..... 0 00						X	180,425	0	12,604
MICHAEL SMITH ..... FORMER PRES SJH SOUTH	1 00 ..... 45 00						X	0	418,540	98,879

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

ST JOSEPH'S HOSPITAL INC

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			



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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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 ST JOSEPH'S HOSPITAL INC	<b>Employer identification number</b> 59-0774199
--	---

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

<b>1</b>	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
<b>2</b>	Political campaign activity expenditures (see instructions)	▶ \$
<b>3</b>	Volunteer hours for political campaign activities (see instructions)	

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4a</b>	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	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

**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)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		22,100
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		6,364
<b>j</b>	Total. Add lines 1c through 1i			28,464
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**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 FLORIDA ASSOCIATION OF CHILDREN'S HOSPITALS, 340B HEALTH, GREATER TAMPA CHAMBER OF COMMERCE, NATIONAL ASSOCIATION OF PSYCHIATRIC HEALING, AACVR, AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION, FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS, APIC, ASSOCIATION OF WOMEN'S HEALTH, AMERICAN HOSPITAL ASSOCIATION, COLLEGE OF AMERICAN PATHOLOGISTS, ASIS INTERNATIONAL, AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING, HILLSBOROUGH COUNTY MEDICAL ASSOCIATION, PINELLAS COUNTY MEDICAL ASSOCIATION, MGMA - ACMPPE, AAHAM AND INFECTIOUS DISEASES SOCIETY. THESE ORGANIZATIONS USE A PORTION OF THEIR RESPECTIVE DUES TO CONDUCT LOBBYING ACTIVITIES.

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
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 . . . . .	940,894,059	440,814,237	500,079,822
c	Leasehold improvements	1,312,923	854,665	458,258
d	Equipment . . . . .	434,834,693	353,494,443	81,340,250
e	Other . . . . .	67,254,678		67,254,678
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶			654,869,417

Schedule D (Form 990) 2018

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	223,048
(3) DUE FROM AFFILIATES	1,067,772,871
(4) EST THIRD PARTY SETTLEMENTS	26,408,939
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	1,094,648,607

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	19,560,582	
SERP LIABILITY	371,372	
ASSET RETIREMENT OBLIGATION ST	72,350	
ASSET RETIREMENT OBLIGATION LT	61,162	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	20,065,466	

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,290,864,048
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,290,864,048
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	85,842,149
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	85,842,149
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,376,706,197

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,107,966,160
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,107,966,160
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	83,877,635
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	83,877,635
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,191,843,795

**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 LIKELY 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 83,867,412 CONTRIBUTIONS RECORDED IN NET ASSETS 1,964,514 G/L ON SALE OF ASSET 10,222 ROUNDING 1

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT EXPENSE 83,867,412 G/L ON SALE OF ASSET 10,222 ROUNDING 1

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> 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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000 %</u>	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>		No
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			37,675,201	0	37,675,201	3 400 %
<b>b</b> Medicaid (from Worksheet 3, column a)			269,413,485	135,478,191	133,935,294	12 100 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			12,955,330	5,613,296	7,342,034	0 660 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			320,044,016	141,091,487	178,952,529	16 160 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			4,763,033	0	4,763,033	0 430 %
<b>f</b> Health professions education (from Worksheet 5)			3,547,300	0	3,547,300	0 320 %
<b>g</b> Subsidized health services (from Worksheet 6)			229,253	0	229,253	0 020 %
<b>h</b> Research (from Worksheet 7)			227,995	0	227,995	0 020 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			160,202	0	160,202	0 010 %
<b>j Total.</b> Other Benefits			8,927,783		8,927,783	0 800 %
<b>k Total.</b> Add lines 7d and 7j			328,971,799	141,091,487	187,880,312	16 960 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			8,490	0	8,490	0 %
<b>4</b> Environmental improvements			25,630	0	25,630	0 %
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			36,032	0	36,032	0 010 %
<b>9</b> Other						
<b>10 Total</b>			70,152		70,152	0 010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	83,867,412	
<b>3</b> 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.	<b>3</b>	65,408,265	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	152,068,434
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	180,816,487
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-28,748,053
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)

ST JOSEPH'S HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	No
<b>a</b> If "Yes" (list url) _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b> Yes	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

ST JOSEPH'S HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> 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>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTPS //BAYCARE ORG/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTPS //BAYCARE ORG/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTPS //BAYCARE ORG/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> 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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

ST JOSEPH'S HOSPITAL INC

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input checked="" type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <input checked="" type="checkbox"/> 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST JOSEPH'S HOSPITAL INC

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 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? . . . . .
- 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? . . . . .
- If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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.

[illegible]

**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)
<b>1</b> 1 - TAMPA CARE CLINIC 4600 NORTH HABANA AVE SUITE 15 TAMPA, FL 33614	OUTPATIENT CLINIC (HIV CLINIC)
<b>2</b> 2 - SJH CHILDREN'S SPECIALTY CENTER-N TAMPA 15045 BRUCE B DOWNS BLVD TAMPA, FL 33647	OP REHABILITATION FOR CHILDREN AND ADOLESCENTS
<b>3</b> 3 - SJH CHILDREN'S SPECIALTY CENTER-BRANDON 10817 BLOOMINGDALE AVE RIVERVIEW, FL 33578	OP REHABILITATION FOR CHILDREN AND ADOLESCENTS
<b>4</b> 4 - SJH PHYSICAL THERAPY & SPORTS REHAB 310 S MACDILL AVE TAMPA, FL 33609	OUTPATIENT REHABILITATION
<b>5</b> 5 - SJH BEHAVIORAL HEALTH CENTER 4918 N HABANA AVE TAMPA, FL 33614	IP PSYCH UNIT
<b>6</b> 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
<b>7</b> 7 - ST JOSEPH PINELLAS CARE CLINIC 3554 1ST AVE SOUTH ST PETERSBURG, FL 33713	OUTPATIENT CLINIC
<b>8</b> 8 - ST JOSEPH'S OUTPATIENT REH CENTER 3003 W DR MLK JR BLVD 2ND FLOOR TAMPA, FL 33607	OUTPATIENT REHABILITATION
<b>9</b>	
<b>10</b>	

**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 \$83,867,412 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 II, COMMUNITY BUILDING ACTIVITIES	ST JOSEPH'S HOSPITALS SUPPORT THE COMMUNITY THROUGH COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, AND WORKFORCE DEVELOPMENT THIS INCLUDES - HABITAT FOR HUMANITY TEAM MEMBER SUPPORT- FUNDING SUPPORT FOR THE JUNIOR LEAGUE OF TAMPA AND THE ITALIAN CLUB BUILDING AND CULTURAL TRUST FUND THAT ADDRESS THE ROOT CAUSES OF HEALTH AND SAFETY ISSUES AND PROMOTE ECONOMIC STABILITY - RECYCLING COSTS FOR DISPOSABLE ITEMS- TEAM MEMBER TIME DEDICATED TO WORKING WITH HEALTH CARE OBSERVERS, INTERESTED IN PURSUING A CAREER IN THE MEDICAL FIELD

# 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 FINANCIAL 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 12 OF THE BAYCARE HEALTH SYSTEM, INC AND AFFILIATES NOTES TO COMBINED FINANCIAL STATEMENTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	<p>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) (\$28,748,053) - ADDITIONAL NON-ALLOWABLE COSTS AND UNPAID/NON-REIMBURSED COINSURANCE/DEDUCTIBLES (\$25,156,218) - TOTAL SURPLUS OR (SHORTFALL) (\$53,904,271)</p>

## 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	<p>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</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>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</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4	<p>ST JOSEPH'S HOSPITAL IS AN ACUTE CARE FACILITY SERVING ALL OF HILLSBOROUGH COUNTY AND PARTS OF SEVERAL SURROUNDING COUNTIES THE AVERAGE HOUSEHOLD INCOME IN THIS AREA IS \$722 HIGHER THAN THE STATE AVERAGE AND \$9,022 LOWER THAN THE NATIONAL AVERAGE 11 2% OF HOUSEHOLDS HAVE ANNUAL HOUSEHOLD INCOME BELOW \$15,000 PER YEAR THE POPULATION SERVED IS PREDOMINANTLY CAUCASIAN AND HIGH-SCHOOL OR HIGHER EDUCATED HISPANICS ARE THE SECOND LARGEST ETHNIC GROUP REPRESENTING 23 8% OF THE POPULATION 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 24 ACUTE CARE HOSPITALS (15 NOT-FOR-PROFIT) AND 3 LONG TERM ACUTE CARE HOSPITALS (1 NOT-FOR-PROFIT) THERE ARE 4 FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS AND 13 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 5% IN THE NEXT FIVE YEARS, THE HEALTH CARE NEEDS OF OUR SERVICE AREA ARE EXPANDING AND CHANGING THE POPULATION SERVED BY ST JOSEPH'S HOSPITAL IS EXPECTED TO GROW 7 4% IN THE NEXT 5 YEARS THIS IS HIGHER THAN THE EXPECTED GROWTH RATE OF 3 5% FOR THE UNITED STATES BASED ON FLORIDA INPATIENT DISCHARGE DATA FOR THE PERIOD OF 10/01/2017-9/30/2018, THE PAYER MIX FOR THE GEOGRAPHIC AREA CONSISTS OF 48 0% MEDICARE/MEDICARE HMO, 17 1% MEDICAID/MEDICAID HMO, 21 6% COMMERCIAL INSURANCE, 8 2% SELF PAY/NON-PAY, AND 5 1% OTHER</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>OUR MISSION AT ST JOSEPH'S HOSPITAL AS PART OF THE BAYCARE HEALTH SYSTEM IS TO IMPROVE THE HEALTH OF ALL WE SERVE THROUGH COMMUNITY-OWNED HEALTH CARE SERVICES THAT SET THE STANDARD FOR HIGH-QUALITY COMPASSIONATE CARE. BY FOCUSING ON EDUCATION AND PREVENTION, WE STRIVE TO CREATE A HEALTHIER COMMUNITY AND LOWER HEALTH CARE EXPENDITURES. THIS HARD WORK WAS RECOGNIZED IN 2018 WHEN ST JOSEPH'S HOSPITAL WAS NAMED ONE OF THE COUNTRY'S 100 TOP HOSPITALS BY IBM WATSON HEALTH (FORMERLY TRUVEN HEALTH ANALYTICS). ST JOSEPH'S HOSPITAL ALSO EARNED THAT ORGANIZATION'S EVEREST AWARD, WHICH HONORS HOSPITALS THAT HAVE ACHIEVED BOTH THE HIGHEST CURRENT PERFORMANCE AND THE FASTEST LONG-TERM IMPROVEMENT OVER FIVE YEARS FOUNDED BY THE FRANCISCAN SISTERS OF ALLEGANY IN 1934. THE MISSION OF ST JOSEPH'S HOSPITAL HAS ALWAYS CENTERED AROUND SERVICE, COMPASSIONATE CARE AND TREATING INDIVIDUALS WITH DIGNITY AND RESPECT. PAIR THOSE VALUES WITH THE ADVANCED MEDICAL TECHNOLOGIES AND OUTSTANDING PHYSICIANS YOU'LL FIND AT ST JOSEPH'S TODAY AND THE RESULT IS THE EXCEPTIONAL CARE WE DELIVER TO OUR PATIENTS EVERY DAY. WHETHER IT IS FINANCIAL ASSISTANCE FOR MEDICAL CARE FOR THE UNINSURED OR UNDERINSURED, DONATED RESOURCES TO LOCAL NON-PROFITS, EDUCATION CLASSES AND SUPPORT GROUPS HOSTED BY OUR TEAM, OR TIME SPENT SERVING ON HIGH LEVEL BOARDS OF DIRECTORS, WE SELFLESSLY GIVE BACK TO IMPROVE THE HEALTH OF THE COMMUNITY THAT SURROUNDS THE HOSPITAL. FOR ALMOST 85 YEARS, OUR TEAM MEMBERS HAVE EXEMPLIFIED VALUES OF TRUST, DIGNITY, RESPECT, RESPONSIBILITY AND EXCELLENCE. IN FACT, A FAVORITE ANNUAL TRADITION FOR THE TEAM IS A HOLIDAY GIFT DRIVE TO BENEFIT FAMILIES OF DOZENS OF PATIENTS WHO WERE HOSPITALIZED DURING THE 12 PREVIOUS MONTHS. FOR THIS "MISSION BASKET" EVENT, HOSPITAL DEPARTMENTS ADOPT FAMILIES AND PROVIDE PERSONALIZED GIFTS AND FOOD TO MAKE THE HOLIDAY SEASON A JOYOUS ONE. COMMUNITY OUTREACH &amp; PARTNERSHIPSTHROUGH EDUCATION AND A FOCUS ON PREVENTION AND EARLY DETECTION, ST JOSEPH'S HOSPITALS ARE BUILDING A HEALTHIER COMMUNITY WHILE REDUCING SUFFERING AND TOTAL HEALTH CARE COSTS. THROUGH COMMUNITY HEALTH IMPROVEMENT PROGRAMS, WHICH INCLUDE HEALTH SCREENINGS, PHYSICIAN LECTURES, SUPPORT GROUPS, HEALTH FAIRS AND MOBILE CLINICS, THE HOSPITAL TOUCHED MORE THAN 130,000 LIVES IN 2018. BELOW ARE A FEW OF THE MANY EXAMPLES OF THIS WORK. ST JOSEPH'S CANCER INSTITUTE PARTNERS WITH THE AMERICAN CANCER SOCIETY (ACS) ON EVENTS LIKE RELAY FOR LIFE AND MAKING STRIDES AGAINST CANCER. SJH ALSO HOSTS FREE SUPPORT GROUPS AND LECTURES - STRONG PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS TO PROVIDE FREE BREAST AND CERVICAL CANCER RISK ASSESSMENTS - ST JOSEPH'S HEART INSTITUTE PARTNERS WITH THE AMERICAN HEART ASSOCIATION TO EDUCATE THE COMMUNITY ABOUT HEART DISEASE AND STROKE, ALSO HOSTING FREE LECTURES AND EVENTS TO INCREASE HEART HEALTH AWARENESS - HEALTHY FAMILIES HILLSBOROUGH IS A COMMUNITY-BASED, VOLUNTARY HOME VISITING PROGRAM DESIGNED TO ENABLE CHILDREN TO GROW UP HEALTHY, SAFE AND NURTURED. ST JOSEPH'S CHILDREN'S HOSPITAL PROVIDES AN ASSESSMENT COMPONENT THAT IS ESSENTIAL TO THE RECRUITMENT AND SERVICE PROVISION FOR FAMILIES THAT QUALIFY FOR HEALTHY FAMILY SERVICES. COMPLETING 355 ASSESSMENT AND REFERRALS IN 2018 - ST JOSEPH'S FAITH COMMUNITY NURSING PROGRAM WAS ESTABLISHED TO PROVIDE HEALTH AND WELLNESS INFORMATION TO MEMBERS OF LOCAL CONGREGATIONS OF ALL DENOMINATIONS. IN 2018 THIS PROGRAM INCLUDED 68 NUMBERS (NEARLY 30,000 VOLUNTEER HOURS) WORKING IN PARTNERSHIPS WITH 42 CONGREGATIONS AND TWO CLINICS IN HILLSBOROUGH, WESTERN POLK AND SOUTHERN PASCO COUNTIES TOUCHED OVER 17,400 COMMUNITY RESIDENTS - ST JOSEPH'S COMMUNITY HEALTH TEAM DEVELOPS COMMUNITY PARTNERSHIPS WITH AREA AGENCIES, CREATING COLLABORATIVE EFFORTS THAT BRING HEALTH SERVICES DIRECTLY INTO AREA NEIGHBORHOODS. AS A RESULT, COMMUNITY HEALTH PARTICIPATED IN 169 EVENTS AND PROGRAMS IN 2018 AND WAS ABLE TO PROMOTE BETTER HEALTH TO MORE THAN 4,000 PEOPLE - FOR MORE THAN 20 YEARS, ST JOSEPH'S CHILDREN'S WELLNESS AND SAFETY CENTER HAS BEEN COMMITTED TO KEEPING KIDS AND FAMILIES HEALTHY, SAFE AND INFORMED THROUGH A MULTIFACETED OUTREACH APPROACH FOCUSING ON COMMUNITY EDUCATION, UNINTENTIONAL INJURY PREVENTION, CHILDREN'S HEALTH AND WELLNESS AND LEGISLATIVE ADVOCACY. IN 2018, THE CHILDREN'S WELLNESS AND SAFETY CENTER EDUCATED MORE THAN 82,000 CHILDREN AND THEIR FAMILIES THROUGH COMMUNITY PROGRAMS AND EVENTS - THE MOBILE MEDICAL CLINIC WAS ESTABLISHED IN 2004, WITH THE GOAL OF ADDRESSING THE COMMUNITY-WIDE PROBLEM OF REDUCED IMMUNIZATION COMPLIANCE AMONG YOUNG CHILDREN. SERVICES INCLUDE IMMUNIZATIONS, WELL CHILD PHYSICALS, VACCINE RECORD CHECKS, DEVELOPMENTAL SCREENING, HEARING SCREENINGS, VISION SCREENINGS, AND FLUORIDE VARNISH TREATMENTS ALONG WITH HEALTH AND SAFETY EDUCATION. IN 2018, THE MOBILE MEDICAL CLINIC PROVIDED SERVICES TO 1,935 MEDICALLY NEEDY CHILDREN - ST JOSEPH'S CANCER HELPLINE SERVES AS A FREE, CONFIDENTIAL RESOURCE FOR INFORMATION ABOUT THE DISEASE AS WELL AS REFERRALS TO COMMUNITY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p> NITY PROGRAMS AND HOSPITAL SERVICES MORE THAN \$6 MILLION WAS SPENT IN 2018 TO SUPPORT OUR STRATEGIC DIRECTIONS TO FOSTER AND IMPLEMENT COMMUNITY RELATIONSHIPS AND PARTNERSHIPS TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY BY COLLABORATING WITH COMMUNITY PARTNERS AND S HARING RESOURCES, ST JOSEPH'S HOSPITAL IS ABLE TO FIND LESS EXPENSIVE WAYS TO MAKE AN EVE N GREATER HEALTH IMPACT IN THE TAMPA BAY AREA TO REMAIN CONNECTED WITH OUR COMMUNITY, OUR TEAM MEMBERS PROUDLY SERVE AS BOARD REPRESENTATIVES ON SEVERAL CHAMBERS OF COMMERCE AS WE LL AS THE AMERICAN HEART ASSOCIATION AND HILLSBOROUGH COMMUNITY COLLEGE CONDUIT FOR USING DONATED FUNDSFLORIDA BLUE UBER GRANTBAYCARE HAS RECEIVED FUNDING FROM FLORIDA BLUE TO PAR TNER WITH UBER TO REDUCE TRANSPORTATION BARRIERS IN ACCESSING HEALTH CARE THE APPROXIMATE LY \$120,000 IN GRANT SPENDING SUPPORTED 5,848 PEOPLE ACROSS BAYCARE HEALTH SYSTEM IN 2018 ALLEGANY FRANCISCAN MINISTRIES (FAITH COMMUNITY NURSING GRANT)BAYCARE HAS RECEIVED FUNDIN G FROM ALLEGANY FRANCISCAN MINISTRIES TO PROVIDE CAPACITY AND SUPPORT TO OUR FAITH COMMUNI TY NURSING PROGRAM TO REDUCE UNNECESSARY HOSPITAL UTILIZATION AND IMPROVE HEALTH OUTCOMES FOR PARTICIPANTS ANNUAL FUNDING OF \$160,000 SUPPORTS THIS WORK ACROSS BAYCARE HEALTH SYST EM ALLEGANY FRANCISCAN MINISTRIES (MEDICATION ASSISTANCE PROGRAM)BAYCARE HAS RECEIVED FUN DING FROM ALLEGANY FRANCISCAN MINISTRIES TO PROVIDE ASSISTANCE TO THOSE WHO FACE FINANCIAL BARRIERS IN GETTING THEIR NEEDED PRESCRIPTION MEDICATIONS MEDICATION ASSISTANCE COORDINA TORS WORK WITH PATIENTS TO DETERMINE IF THERE ARE VOUCHERS AVAILABLE OR WORK WITH THE PATI ENT'S DOCTOR TO SEE OF A MORE COST EFFECTIVE, ALTERNATIVE MEDICATION IS AVAILABLE ANNUAL FUNDING OF \$65,000 PROVIDES SUPPORT FOR THIS PROGRAM ACROSS BAYCARE HEALTH SYSTEM RESPONDI NG TO NEEDSST JOSEPH'S CHILDREN'S HOSPITALCHILDREN ARE DIFFERENT FROM ADULTS, WHICH IS WH Y THEY NEED HEALTH CARE THAT FOCUSES ON THEIR UNIQUE NEEDS THEY REQUIRE EXTRA TIME, EXTRA MONITORING, SPECIALIZED MEDICATIONS, AND CAREGIVERS WITH THE SKILLS AND COMPASSION TO UND ERSTAND THE NEEDS OF CHILDREN IT'S ESTIMATED THAT HOSPITALIZED CHILDREN UNDER AGE 2 REQUI RE 45 PERCENT MORE ROUTINE NURSING CARE THAN ADULT PATIENTS AS TAMPA'S FIRST DEDICATED CH ILDREN'S HOSPITAL, ST JOSEPH'S CHILDREN'S HOSPITAL IS DESIGNED TO MEET THE UNIQUE NEEDS O F CHILDREN AND THEIR FAMILIES BY PROVIDING HIGH-TECH PEDIATRIC HEALTH CARE IN A FAMILY-CEN TERED, CHILD-FRIENDLY ENVIRONMENT THE 186-BED FACILITY IS HOME TO A MEDICAL STAFF OF MORE THAN 240 PHYSICIANS REPRESENTING 25 MEDICAL AND SURGICAL DISCIPLINES INCLUDING ALMOST EVE RY MAJOR PEDIATRIC SUB-SPECIALTY IT ALSO INCLUDES A STATE DESIGNATED PEDIATRIC TRAUMA CEN TER 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 INFANTS RECEIVE SPECIAL CARE (CONT- D AFTER PART VI, LINE 7 NARRATIVE) </p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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 AND WEST CENTRAL FLORIDA REGIONS 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 <a href="https://baycare.org/annual-report-2018">HTTPS //BAYCARE ORG/ANNUAL-REPORT-2018</a> BAYCARE'S HOSPITALS ARE BARTOW REGIONAL MEDICAL CENTER, MEASE COUNTRYSIDE, MEASE DUNEDIN, MORTON PLANT, MORTON PLANT NORTH BAY, ST ANTHONY'S, ST JOSEPH'S, ST JOSEPH'S CHILDREN'S, ST JOSEPH'S WOMEN'S, ST JOSEPH'S HOSPITAL-NORTH, ST JOSEPH'S HOSPITAL-SOUTH, SOUTH FLORIDA BAPTIST, WINTER HAVEN AND WINTER HAVEN WOMEN'S *BAYCARE WAS FOUNDED IN 1997 WHEN SEVERAL OF THE AREA'S NOT-FOR-PROFIT HOSPITALS CAME TOGETHER TO CREATE A HEALTH SYSTEM THAT WOULD ENSURE HIGH-QUALITY HEALTH CARE FOR EVERYONE IN THE COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY TODAY, BAYCARE IS A \$4 2 BILLION, INTEGRATED HEALTH DELIVERY SYSTEM WITH 28,400 EMPLOYEES IT PLAYS AN IMPORTANT ROLE AS AN ECONOMIC ENGINE, ANNUALLY GENERATING A \$6 62 BILLION IMPACT ON THE REGION AND THE STATE IN 2018, BAYCARE SPENT \$2 09 BILLION TO PAY FOR THE SALARY AND BENEFITS OF ITS EMPLOYEES AND INVESTED \$309 MILLION IN CAPITAL RESOURCES BAYCARE'S CENTRALIZATION OF ADMINISTRATIVE FUNCTIONS IN A NUMBER OF AREAS, INCLUDING FINANCE, BUSINESS OFFICE, INFORMATION TECHNOLOGY, HUMAN RESOURCES, PERFORMANCE IMPROVEMENT, CLINICAL OUTCOMES, CARE MANAGEMENT, PLANNING, SUPPLY CHAIN 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 2018, BAYCARE PROVIDED \$462 MILLION IN TOTAL COMMUNITY BENEFIT, 11% OF BAYCARE'S REVENUES, WHICH INCLUDES \$117 MILLION IN TRADITIONAL CHARITY CARE FOR UNINSURED PATIENTS, \$311 MILLION IN MEDICAID AND OTHER INCOME-BASED PROGRAMS, AND \$34 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</p>

# 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 A COMMUNITY BENEFIT REPORT TO BE FILED WITH THE STATE GOVERNMENT

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	<p>THE CHRONIC-COMPLEX CLINIC (CCC) AT ST. JOSEPH'S CHILDREN'S HOSPITAL PROVIDES A MEDICAL HOME TO MORE THAN 700 CHILDREN THROUGH A COMPREHENSIVE PRIMARY CARE PRACTICE THAT ADDRESSES THE SPECIAL HEALTH CARE NEEDS OF CHILDREN WITH COMPLEX MEDICAL CONDITIONS. THESE PATIENTS HAVE MULTIPLE SYSTEM INVOLVEMENT (FOR EXAMPLE, A TRACHEOTOMY, A G-TUBE AND DEVELOPMENTAL DELAY). THE COMPLEXITY OF THEIR CARE AND THE EFFORT TO EFFECTIVELY COORDINATE ALL OF THE SERVICES NEEDED BY THESE CHILDREN MAKES IT DIFFICULT, IF NOT IMPOSSIBLE, TO FIND APPROPRIATE CARE IN THE COMMUNITY. THIS CCC PROVIDES A MEDICAL HOME FOR THESE CHILDREN AND THEIR FAMILIES, COORDINATING THEIR SPECIALTY CARE, ADDRESSING PSYCHOSOCIAL CONCERNS AND PROVIDING CONTINUITY OF CARE DURING THEIR HOSPITALIZATIONS. THE CCC HAS RECEIVED AN "A" RATING BY FAMILIES FOR SATISFACTION AS WELL AS THE COST EFFECTIVENESS OF PROVIDING THESE COORDINATED SERVICES. WITH THE CREATION OF THE CCC, THE NUMBER OF EMERGENCY ROOM VISITS, HOSPITALIZATIONS AND THE LENGTH OF HOSPITAL STAYS WITH THIS COMPLEX POPULATION HAS SEEN DRAMATIC REDUCTIONS. IN ADDITION, THE STEINBRENNER EMERGENCY/TRAUMA CENTER FOR CHILDREN IS A STATE-APPROVED PEDIATRIC TRAUMA REFERRAL CENTER THAT OPERATES 24 HOURS A DAY WITH A STAFF OF PHYSICIANS WHO ARE BOARD-CERTIFIED IN EMERGENCY MEDICINE AND PEDIATRICS. ST. JOSEPH'S WOMEN'S HOSPITAL, DESIGNED 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 FOR MORE THAN 30 YEARS. HOSPITAL SERVICES FOCUS ON THE INDIVIDUAL NEEDS OF WOMEN THROUGH EVERY STAGE OF LIFE. ST. JOSEPH'S WOMEN'S HOSPITAL OFFERS COMPLETE OBSTETRICAL, PERINATAL, SURGICAL, GYNECOLOGICAL AND ONCOLOGICAL SERVICES. ST. JOSEPH'S WOMEN'S HOSPITAL INCLUDES THE SHIMBERG BREAST CENTER, WHERE WOMEN OF ALL AGES, RACE AND BACKGROUNDS CAN RECEIVE THE MOST ADVANCED TESTING AND TREATMENT AVAILABLE. THE CENTER RECEIVED CENTER OF EXCELLENCE DESIGNATION 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 CHILD BIRTH 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 2018, MAKING IT THE SECOND BUSIEST OBSTETRICAL PROGRAM IN THE STATE OF 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 SERVICE AND VARIOUS EDUCATIONAL SESSIONS. BEHAVIORAL HEALTH. WHILE MANY HEALTH CARE ORGANIZATIONS HAVE ABANDONED THEIR BEHAVIORAL HEALTH PROGRAMS AND SERVICES DUE TO LOW REIMBURSEMENT AND HIGH COSTS, ST. JOSEPH'S HOSPITAL CONTINUES 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 HEALING THROUGH ARCHITECTURAL DESIGN ELEMENTS AND A STAFF CENTERED ON MEETING THE NEEDS OF THE PATIENT. 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 TECHNOLOGY AND MODERN FACILITIES THAT PROMOTE HEALING. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY. ITS MAIN CAMPUS INCLUDES THE HEART INSTITUTE AND CANCER INSTITUTE, BOTH OF WHICH SERVE BOTH ADULT AND PEDIATRIC PATIENTS. ST. JOSEPH'S EMERGENCY AND TRAUMA CENTER IS THE 5TH BUSIEST IN THE COUNTRY, SERVING ABOUT 150,000 ADULTS AND CHILDREN EACH YEAR. IN ADDITION, OUR MAIN, NORTH AND SOUTH CAMPUSES EACH EARNED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD, RECOGNIZING THE HOSPITAL'S COMMITMENT TO ENSURING STROKE PATIENTS RECEIVED THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES TO FURTHER SUPPORT THE MOBILE MEDICAL CLINIC ALREADY MENTIONED, ST. JOSEPH'S CHILDREN'S HOSPITAL ALSO HAS SATELLITE SPECIALTY CENTERS TO MEET THE NEEDS OF CHILDREN AND FAMILIES THROUGHOUT TAMPA BAY AND SURROUNDING REGIONS. THESE CENTERS PROVIDE REHABILITATIVE AND SUBSPECIALTY HEALTH CARE FOR CHILDREN. FACILITIES ARE STRATEGICALLY LOCATED TO INCREASE ACCESS TO FAMILIES WHO LIVE IN NORTH HILLSBOROUGH AND SOUTH 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 EMERGENCY SERVICES FOR BASIC HEALTH CARE NEEDS.</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONT-D)	<p>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 OUTPATIENT SERVICES THROUGH ST JOSEPH'S HOSPITAL. IN ADDITION, ST JOSEPH'S HOSPITALS PARTNER WITH THE DEPARTMENT OF HEALTH AND THE JUDEO CHRISTIAN CLINIC TO FURTHER SERVE PATIENTS WHO OTHERWISE COULD NOT AFFORD APPROPRIATE HEALTH CARE. ST JOSEPH'S HOSPITAL ALSO SUPPORTS A COMPREHENSIVE 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 OUTPATIENT CLINICAL TRIALS AT ST JOSEPH'S HOSPITAL, ST JOSEPH'S WOMEN'S HOSPITAL AND ST JOSEPH'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 DISEASES - PRIMARILY HIV. ADDITIONALLY, PEDIATRIC AND ADULT TRIALS INCLUDE INVESTIGATIONAL RESEARCH IN HEMATOLOGY, ONCOLOGY, CARDIOLOGY AND TISSUE BANKING STUDIES. THE FACILITY IS STAFFED 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 PROFESSIONALS IS COMPLEMENTED BY AN ON-SITE STAFF PHYSICIAN. THIS TEAM OF RESEARCH PROFESSIONALS ALLOWS CRI TO PROVIDE OTHERWISE UNAVAILABLE INVESTIGATIONAL TREATMENTS FOR MANY CHALLENGING CLINICAL PROBLEMS FACING OUR COMMUNITY. PALLIATIVE CARE PATIENTS WHO EXPERIENCE CHRONIC, DEBILITATING DISEASE OR ARE LIVING WITH ADVANCED ILLNESS OFTEN BENEFIT GREATLY FROM SPECIALIZED, COMPASSIONATE CARE. FOCUSED ON MANAGING THEIR PAIN, STRESS AND SYMPTOMS, ST JOSEPH'S HOSPITAL'S PALLIATIVE CARE TEAM WORKS TO DEVELOP A PERSONALIZED PLAN FOR PROVIDING RELIEF FROM PAIN AND SUFFERING WHILE ENHANCING QUALITY OF LIFE TO HOSPITALIZED PATIENTS. THIS PROGRAM HELPS BOTH ADULT AND PEDIATRIC PATIENTS AND THEIR FAMILIES FACED WITH THIS LIFE-CHANGING SITUATION. ECONOMIC IMPACT: THERE ARE 6,843 EXTRAORDINARY ST JOSEPH'S TEAM MEMBERS AND MORE THAN 2,500 PHYSICIANS, WHO TOGETHER BRING THE ST JOSEPH'S MISSION TO LIFE BY INVITING THE NEXT GENERATION OF HEALTH CARE WORKERS TO LEARN FROM THE SKILL AND EXPERTISE OF OUR CURRENT TEAM MEMBERS. ST JOSEPH'S PROVIDES VALUABLE BENEFIT TO THE COMMUNITY. ST JOSEPH'S HOSPITAL PARTNERS WITH NUMEROUS UNIVERSITIES, COLLEGES AND HIGH SCHOOLS TO HELP STUDENTS IN VARIOUS HEALTH-RELATED FIELDS FULFILL THEIR ACADEMIC GOALS AND REQUIREMENTS THROUGH INTERNSHIPS. ST JOSEPH'S WOMEN'S HOSPITAL IS A PROUD PARTICIPANT WITH PROJECT REACH, A PARTNERSHIP WITH HILLSBOROUGH COUNTY SCHOOLS TO HELP TRANSITION SPECIAL NEEDS KIDS FROM A SCHOOL TO A WORK ENVIRONMENT. IN TOTAL MORE THAN 4,000 STUDENTS STUDIED AT OUR FACILITIES. VOLUNTEER ACTIVITIES: IN 2018, 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 TRUSTEES: ST 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.</p>



**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**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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.	
<b>Section C. Supplemental Information for Part V, Section B.</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	<p>PART V, SECTION B, LINE 11 WHILE 15 AREAS OF OPPORTUNITY WERE IDENTIFIED WITHIN ST JOSEPH'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 IDENTIFIED IN THE MOST RECENT CHNA - ACCESS TO HEALTHCARE SERVICES - CANCER - DIABETES - HEART DISEASE &amp; STROKE - INFANT HEALTH - MENTAL HEALTH - SUBSTANCE ABUSE - NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT PLEASE SEE THE ATTACHED IMPLEMENTATION PLAN FOR SPECIFIC ACTIVITIES THAT ARE UNDERWAY TO ADDRESS THESE SIGNIFICANT HEALTH NEEDS DURING THE 2017-2019 TIME PERIOD BASED ON THE SCOPE/SCALE OF THE ISSUE, ST JOSEPH'S HOSPITALS' LEADERSHIP TEAM'S PERCEIVED ABILITY TO IMPACT THE ISSUE, THE AVAILABILITY OF EXISTING COMMUNITY RESOURCES ALREADY IN PLACE TO ADDRESS THE ISSUE AND CONSIDERING COMMUNITY STAKEHOLDER FEEDBACK, THE SIGNIFICANT HEALTH NEEDS IDENTIFIED DURING THE 2016 ASSESSMENT THAT ARE NOT DIRECTLY REFERENCED IN THE 2017-2019 CHNA IMPLEMENTATION STRATEGY, ARE LISTED BELOW HIV/AIDS WHILE NO NEW ACTIVITIES ARE 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 &amp; VIOLENCE ST JOSEPH'S HOSPITALS' LEADERSHIP BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF OTHER COMMUNITY ORGANIZATIONS OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED LIMITED RESOURCES EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION ORAL HEALTH ST JOSEPH'S HOSPITALS HAVE LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ORAL HEALTH OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE 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 JOSEPH'S HOSPITALS' LEADERSHIP BELIEVES THAT EFFORTS OUTLINED HEREIN TO IMPROVE ACCESS TO HEALTH SERVICES WILL HAVE A POSITIVE IMPACT ON AIDING THOSE WITH POTENTIALLY DISABLING CONDITIONS AND THAT A SEPARATE SET OF INITIATIVES WAS NOT NECESSARY AT THIS TIME RESPIRATORY DISEASES WHILE NO NEW ACTIVITIES ARE NOTED WITHIN THE CYCLE-2 CHNA IMPLEMENTATION PLAN SPECIFICALLY RELATED TO RESPIRATORY DISEASES, ST JOSEPH'S HOSPITALS REMAIN COMMITTED TO SUPPORTING THOSE AFFECTED BY THESE CONDITIONS THROUGH VARIOUS INITIATIVES (SPECIFICALLY COPD, CLRD AND ASTHMA) LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR NEW ACTION DURING THE CYCLE-2 PERIOD SEXUALLY TRANSMITTED DISEASES ST JOSEPH'S HOSPITALS' LEADERSHIP BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF THE COUNTY HEALTH DEPARTMENT AND OTHER COMMUNITY</p>

**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 FULL BALANCE OF THEIR ACCOUNT IF THE HOSPITAL BILL EXCEEDS 25% OF THEIR ANNUAL INCOME

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	HTTPS //BAYCARE ORG/HOSPITALS/ST-JOSEPHS-HOSPITAL/ABOUT-US/COMMUNITY-HEALTH-NEEDS



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH'S HOSPITAL INC

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

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 . . . . . 0

**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
HEMOPHILIA FOUNDATION OF GREATER FLORIDA 1350 WEST ORANGE AVE STE 227 WINTER PARK, FL 32789	59-3418827	501(C)(3)	20,000				SUPPORTING HEMOPHILIA OR OTHER RELATED BLEEDING DISORDERS IN THE TAMPA BAY AREA
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

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
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD N ST PETERSBURG, FL 33716	13-5613797	501(C)(3)	7,500				2018 GO RED FOR WOMEN EVENT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization  
ST JOSEPH'S HOSPITAL INC

Employer identification number

59-0774199

**Part I Questions Regarding Compensation**

**1a** Check the appropriate 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

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

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

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

**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

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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?

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

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

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

**Only 501(c)(3), 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?

**b** Any related organization?

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

**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?

**b** Any related organization?

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

**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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued 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

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

Yes No

**1b** Yes

**2** Yes

**4a** No

**4b** Yes

**4c** No

**5a** No

**5b** No

**6a** No

**6b** No

**7** No

**8** No

**9**

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.

See Additional Data Table**Schedule J (Form 990) 2018**

**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	RONALD BEAMON RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$12,000 DURING 2018 WHICH WAS INCLUDED IN HIS TAXABLE WAGES

Return Reference	Explanation
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.



Return Reference	Explanation
PART I, LINE 4B	<p>GLENN WATERS - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD \$237,944 IN BENEFITS VEST IN 2018 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF \$93,631 IN 2018 CARL TREMONTI - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD \$137,675 IN BENEFITS VEST IN 2018 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF \$54,175 IN 2018 KIMBERLY GUY - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN SHE HAD \$150,324 IN BENEFITS VEST IN 2018 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF \$59,152 IN 2018 PAULA MCGUINESS - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN SHE HAD \$44,750 IN BENEFITS VEST IN 2018 THIS AMOUNT IS INCLUDED IN PART II (B)(III) OTHER COMPENSATION THE PLAN MADE CASH DISTRIBUTION OF \$17,609 IN 2018 KATE REED- PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN SHE HAD \$24,828 OF NONVESTED BENEFITS ACCRUE DURING 2018 THIS AMOUNT IS INCLUDED IN PART II (C) RETIREMENT AND OTHER DEFERRED COMPENSATION MATTHEW NOVAK - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN HE HAD \$34,366 OF NONVESTED BENEFITS ACCRUE DURING 2018 THIS AMOUNT IS INCLUDED IN PART II (C) RETIREMENT AND OTHER DEFERRED COMPENSATION JOANNE MAYERS- PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN SHE HAD \$16,837 OF NONVESTED BENEFITS ACCRUE DURING 2018 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 \$58,241 OF NONVESTED BENEFITS ACCRUE DURING 2018 THIS AMOUNT IS INCLUDED IN PART II (C) RETIREMENT AND OTHER DEFERRED COMPENSATION</p>



# 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				
GLENN WATERS TRUSTEE/EVP, COO BAYCARE	(i)	0	0	0	0	0	0	0
	(ii)	922,335	352,137	274,564	18,822	41,172	1,609,030	14,747
CARL TREMONTI VP, CFO BAYCARE HOSP DIV TILL MAY	(i)	0	0	0	0	0	0	0
	(ii)	404,412	128,903	164,893	13,750	12,577	724,535	49,498
RONALD BEAMON VP, CFO BAYCARE HOSP DIV EFF MAY	(i)	0	0	0	0	0	0	0
	(ii)	220,342	54,022	36,000	7,903	13,682	331,949	0
KIMBERLY GUY PRES SJH/SVP MARKET LEADER HILLSB	(i)	0	0	0	0	0	0	0
	(ii)	442,363	150,889	160,844	13,750	31,159	799,005	53,244
PAULA MCGUINESS PRES ST JOSEPH'S HOSP NORTH	(i)	0	0	0	0	0	0	0
	(ii)	270,788	81,827	59,346	46,704	11,848	470,513	0
KATE REED PRES SJWH & SJCH	(i)	0	0	0	0	0	0	0
	(ii)	302,986	62,244	10,395	36,249	27,679	439,553	0
MATTHEW NOVAK PRESIDENT SJH SOUTH TILL DECEMBER	(i)	0	0	0	0	0	0	0
	(ii)	226,377	74,801	14,336	47,888	21,303	384,705	0
MICHAEL HANCE DIR OPERATIONS ST JOSEPH'S HOSP SOUT	(i)	189,616	24,176	13,958	10,459	13,206	251,415	0
	(ii)	0	0	0	0	0	0	0
LYDIA BOUTROS CLINICAL PHARMACIST	(i)	160,306	72,554	8,219	9,661	3,770	254,510	0
	(ii)	0	0	0	0	0	0	0
MARK ZDUNIAK CLINICAL PHARMACIST	(i)	164,029	43,779	6,892	9,427	11,637	235,764	0
	(ii)	0	0	0	0	0	0	0
DEAN SANTOS CLINICAL PHARMACIST	(i)	138,665	62,754	8,334	9,154	35,665	254,572	0
	(ii)	0	0	0	0	0	0	0
DELPHINE BALLARD DIR, REHABILITATION & WOUND CARE	(i)	185,781	22,859	5,760	10,109	14,981	239,490	0
	(ii)	0	0	0	0	0	0	0
JOANNE MAYERS FORMER KEY/VP, PATIENT SVCS/CNO	(i)	246,633	78,191	20,375	24,028	28,683	397,910	0
	(ii)	0	0	0	0	0	0	0
LORRAINE SARGENT FORMER KEY/DIRECTOR IMAGING	(i)	157,169	16,530	6,726	8,353	4,251	193,029	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SMITH FORMER PRES SJH SOUTH	(i)	0	0	0	0	0	0	0
	(ii)	306,838	92,701	19,001	71,991	26,888	517,419	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
ST JOSEPH'S HOSPITAL INC

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

59-0774199

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART V, LINE 1A	EFFECTIVE 2018, THE TOTAL NUMBER FROM BOX 3 OF FORM 1096 IS REPORTED BY BAYCARE HEALTH SYSTEM, INC, EIN 59-2796965, A RELATED ORGANIZATION THAT PROCESSES FORMS 1099 FOR ITS AFFILIATES THIS IS A CHANGE FROM THE PRIOR YEAR REPORTING AS IT BETTER ALIGNS THE FORM 1096, BOX 3 REPORTING TO THE ISSUING EIN

# 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	<p>THE TAXPAYER IS A PARTICIPANT, AS DEFINED IN THE SECOND RESTATED JOINT OPERATING AGREEMENT DATED AS OF MAY 23, 2006, AS AMENDED (THE "JOA") UNDER THE JOA, BAYCARE HEALTH SYSTEM, INC IS RESPONSIBLE FOR THE OPERATIONS OF THE PARTICIPANTS. THE JOA PARTICIPANTS INCLUDE THE TAXPAYER AND OTHER HOSPITALS AND NON-HOSPITAL ORGANIZATIONS. NOTICE OF THE JOA WAS PREVIOUSLY PROVIDED TO THE INTERNAL REVENUE SERVICE BY LETTER DATED JULY 1, 1997. TRINITY HEALTH SHALL RESERVE TO ITSELF IN ITS CAPACITY AS THE CORPORATE MEMBER OF THE CORPORATION THE FOLLOWING TWO CATEGORIES OF ACTIONS:</p> <p>CLASS I MEMBER RESERVED RIGHTS AND CLASS II MEMBER RESERVED RIGHTS:</p> <p>A. CLASS I MEMBER RESERVED RIGHTS:</p> <ol style="list-style-type: none"> <li>1. ADDITION, DELETION OR RECONFIGURATION OF SERVICES OF THE CORPORATION.</li> <li>2. ESTABLISHMENT OF OVERALL CAPITAL AND OPERATING BUDGETS AND STRATEGIC PLANS APPLICABLE TO THE CORPORATION, INCLUDING THE USE OF THE FUNDS OF THE CORPORATION.</li> <li>3. EXCLUSIVE AUTHORITY TO ENTER INTO MANAGED CARE CONTRACTS ON BEHALF OF THE CORPORATION.</li> <li>4. APPROVAL OF CONTRACTS ON BEHALF OF THE CORPORATION (BUT THE CLASS I MEMBER MAY ESTABLISH POLICIES FROM TIME TO TIME PROVIDING THAT ONLY SPECIFIC TYPES OF CONTRACTS OR CONTRACTS INVOLVING OBLIGATIONS IN EXCESS OF SPECIFIED LEVELS NEED TO BE APPROVED BY THE CLASS I MEMBER).</li> <li>5. AUTHORITY TO ESTABLISH FEES AND CHARGES ON BEHALF OF THE CORPORATION.</li> <li>6. DETERMINATION OF WHETHER THE CORPORATION SHOULD JOIN ANY NETWORKS OR ALTERNATIVE OR INTEGRATED DELIVERY SYSTEMS.</li> <li>7. ESTABLISHMENT OF EMPLOYMENT AND OTHER POLICIES APPLICABLE TO ALL PERSONNEL EMPLOYED BY THE CORPORATION.</li> <li>8. APPROVAL OF THE PHILOSOPHY, MISSION STATEMENT AND PURPOSES OF THE CORPORATION.</li> <li>9. APPROVAL OF CHANGES IN THE ARTICLES OF INCORPORATION OR IN THE BYLAWS OF THE CORPORATION.</li> <li>10. APPROVAL OF THE MERGER, CONSOLIDATION, DISSOLUTION, SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS OF THE CORPORATION, OR OTHER CHANGE IN CORPORATE FORM, CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION.</li> <li>11. APPROVAL OF THE INCURRENCE OF INDEBTEDNESS BY THE CORPORATION ABOVE CERTAIN LIMITS ESTABLISHED BY THE CLASS I MEMBER.</li> <li>12. APPROVAL OF THE ESTABLISHMENT OF ADDITIONAL AFFILIATES OR SUBSIDIARIES OF THE CORPORATION.</li> <li>13. ADOPTION OF STRATEGIC PLANS OR MAJOR CHANGES IN PROGRAMS OR SERVICES OF THE CORPORATION.</li> <li>14. APPROVAL OF THE PURCHASE, SALE, TRANSFER, OR OTHER ENCUMBRANCE OF ASSETS OF THE CORPORATION ABOVE SPECIFIED LEVELS ESTABLISHED BY THE CLASS I MEMBER.</li> </ol> <p>B. CLASS II MEMBER RESERVED RIGHTS:</p> <ol style="list-style-type: none"> <li>1. APPROVAL OF THE PHILOSOPHY, MISSION STATEMENT AND PURPOSES OF THE CORPORATION.</li> <li>2. APPROVAL OF THE MERGER, CONSOLIDATION, DISSOLUTION, SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS OF THE CORPORATION, OR OTHER CHANGE IN CORPORATE FORM, CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION.</li> <li>3. APPROVAL OF THE CLOSURE OF A HOSPITAL FACILITY OF THE CORPORATION.</li> <li>4. APPROVAL OF ANY SALE, LONG TERM LEASE, MORTGAGE, ENCUMBRANCE OR DISPOSITION OF PROPERTY OF THE CORPORATION CONSTITUTING AN 'ALIENATION' UNDER PRINCIPLES</li> </ol>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>OF CANON LAW 5 APPROVAL OF MATTERS RELATING TO THE IMPLEMENTATION OF AND COMPLIANCE WITH THE ETHICAL AND RELIGIOUS DIRECTIVES 6 CHANGE IN THE NAME OF THE HOSPITAL FACILITY OF THE CORPORATION 7 APPROVAL OF SUBSTANTIVE CHANGES IN THE ARTICLES OF INCORPORATION OF THE CORPORATION AND THESE BYLAWS PROVIDED THAT PRIOR NOTICE OF ANY CHANGE IN THE ARTICLES OF INCORPORATION OF THE CORPORATION OR THESE BYLAWS SHALL BE PROVIDED TO TRINITY HEALTH AND, IF SUCH CHANGE, AS A RESULT OF TRINITY HEALTH BEING A CATHOLIC ENTITY, MUST BE APPROVED BY TRINITY HEALTH, SUCH CHANGE, REGARDLESS OF WHETHER IT IS SUBSTANTIVE AS A MATTER OF CIVIL LAW, SHALL BE SUBJECT TO THE APPROVAL OF THE MEMBER 8 WITH REGARD TO ANY ASSETS OF THE CORPORATION NO LONGER REQUIRED IN THE OPERATIONS OF THE CORPORATION, APPROVAL OF ANY SALE OR OTHER DISPOSITION OF ANY ASSETS NOT IN THE ORDINARY COURSE WHICH HAVE A VALUE IN EXCESS OF \$3 MILLION, AND WITH REGARD TO ALL OTHER ASSETS OF THE CORPORATION USED IN THE OPERATIONS OF THE CORPORATION, APPROVAL OF ANY SALE OR OTHER DISPOSITION OF SUCH ASSETS NOT IN THE ORDINARY COURSE (BUT THE FOREGOING IS NOT INTENDED TO LIMIT ANY TRANSFER OF THE LOCATION OF THE ASSETS FROM THE CORPORATION TO ANOTHER ENTITY IN CONNECTION WITH A DULY AUTHORIZED RECONFIGURATION OF SERVICES)</p>



# 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	<p>ST JOSEPH'S HOSPITAL, INC HAS TWO SEPARATE CONFLICT OF INTEREST PROCEDURES, ONE THAT RELATES TO BOARD MEMBERS AND ANOTHER THAT RELATES TO NON-BOARD MEMBER EMPLOYEES BOTH GROUPS ARE REQUIRED ON AN ANNUAL BASIS TO COMPLETE, SIGN AND FILE AN ANNUAL DISCLOSURE STATEMENT DETAILING EXISTING OR POTENTIAL CONFLICTS OF INTERESTS DISCLOSURE REQUIREMENTS OF BOARD AND COMMITTEE MEMBERS PRIOR TO ANY AND ALL BOARD OR COMMITTEE MEETINGS, EACH BOARD/COMMITTEE 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 MEMBER SHALL INFORM THE BOARD/COMMITTEE CHAIRPERSON OF THE CONFLICT IN ADVANCE OF THE MEETING REQUIRED ACTION AFTER DISCLOSURE OF THE BOARD/COMMITTEE MEMBER'S ACTUAL OR POTENTIAL CONFLICT TO THE BOARD/COMMITTEE CHAIRPERSON AS SET FORTH ABOVE, THE FOLLOWING PROCEDURES FOR 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 IMPACTED BOARD/COMMITTEE MEMBER, HAVE THE DISCRETION (BASED UPON THE SEVERITY OF THE ACTUAL OR POTENTIAL CONFLICT) TO EXCUSE THE IMPACTED BOARD/COMMITTEE MEMBER FROM THE BOARD/COMMITTEE DISCUSSIONS ON THAT AGENDA ITEM 2 REGARDLESS OF WHETHER THE IMPACTED BOARD/COMMITTEE MEMBER IS ASKED TO LEAVE THE ROOM DURING THE AGENDA ITEM DISCUSSION, THE BOARD/COMMITTEE CHAIRPERSON SHALL NOTIFY ALL BOARD/COMMITTEE MEMBERS OF THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST 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 TRANSACTION OR ARRANGEMENT IS NOT REASONABLY AVAILABLE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BAYCARE ENTITY'S BEST INTEREST, AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO BAYCARE AN INTERESTED BOARD/COMMITTEE SHALL NOT VOTE, PARTICIPATE IN, INFLUENCE, OR ATTEMPT TO INFLUENCE ANY DETERMINATION OR PROCEEDINGS AS REQUESTED BY THE BOARD/COMMITTEE CHAIRPERSON, THE INTERESTED BOARD/COMMITTEE MEMBER 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 DETERMINING 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 OTHERWISE FOUND TO HAVE AN ACTUAL OR</p>

**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/COMMITTEE 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	<p>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 &amp; 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 COMMITTEE'S 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.</p>

# 990 Schedule O, Supplemental Information

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 -269,434    CHANGE IN MINIMUM PENSION OBLIGATION -6,582,863 CONTRIBUTIONS IN NET ASSETS -1,964,514    ROUNDING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
SECTION J	<a href="https://baycare.org/hospitals/st-josephs-hospital/patients-and-visitors">HTTPS //BAYCARE ORG/HOSPITALS/ST-JOSEPHS-HOSPITAL/PATIENTS-AND-VISITORS</a> <a href="https://baycare.org/hospitals/st-josephs-childrens-hospital/patients-and-visitors">HTTPS //BAYCARE ORG/HOSPITALS/ST-JOSEPHS-CHILDRENS-HOSPITAL/PATIENTS-AND -VISITORS</a> <a href="https://baycare.org/hospitals/st-josephs-womens-hospital/patients-and-visitors">HTTPS //BAYCARE ORG/HOSPITALS/ST-JOSEPHS-WOMENS-HOSPITAL/PATIENTS-AND-VI SITORS</a> <a href="https://baycare.org/hospitals/st-josephs-hospital-north/patients-and-visitors">HTTPS //BAYCARE ORG/HOSPITALS/ST-JOSEPHS-HOSPITAL-NORTH/PATIENTS-AND-VIS ITORS</a> <a href="https://baycare.org/hospitals/st-josephs-hospital-south/patients-and-visitors">HTTPS //BAYCARE ORG/HOSPITALS/ST-JOSEPHS-HOSPITAL-SOUTH/PATIENTS-AND-VIS ITORS</a>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST JOSEPH'S HOSPITAL INC

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> CARILLON SURG CNTR  900 CARILLON ST PET, FL 33716 26-1116740	HEALTH SRVC	FL	SAPOB	N/A				No			No	
<b>(2)</b> 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	No
<b>(1)</b> 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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, 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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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	
3001 W DR MARTIN LUTHER KING JR BLV TAMPA, FL 33607 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**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	ST JOSEPH'S HEALTH CARE CENTER INC	C	1,964,514	FMV
<b>(1)</b>	FRANCISCAN PROPERTIES INC	K	1,123,517	FMV
<b>(2)</b>	ST JOSEPH'S HEALTH CARE CENTER INC	M	25,594,074	FMV
<b>(3)</b>	SOUTH FLORIDA BAPTIST HOSPITAL INC	O	1,196,580	FMV
<b>(4)</b>	ST JOSEPH'S ENTERPRISES INC	O	117,791	FMV
<b>(5)</b>	JOHN KNOX VILLAGE OF TAMPA BAY INC	O	213,256	FMV
<b>(6)</b>	FRANCISCAN PROPERTIES INC	O	190,123	FMV
<b>(7)</b>	JOHN KNOX VILLAGE OF TAMPA BAY INC	R	127,393	FMV
<b>(8)</b>	SOUTH FLORIDA BAPTIST HOSPITAL INC	R	863,101	FMV
<b>(9)</b>	FRANCISCAN PROPERTIES INC	R	926,385	FMV
<b>(10)</b>	ST JOSEPH'S HEALTH CARE CENTER INC	S	25,606,644	FMV
<b>(11)</b>	ST JOSEPH'S HEALTH CARE CENTER INC	I	240,914	FMV
<b>(12)</b>	FRANCISCAN PROPERTIES INC	I	2,566,639	FMV
<b>(13)</b>	ST JOSEPH'S ENTERPRISES INC	S	77,351	FMV