

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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

D Employer identification number
59-0774199

E Telephone number
(813) 870-4942

G Gross receipts \$ 1,521,226,929

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BAYCARE.ORG/SJH

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1963

M State of legal domicile: FL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8,406
6 Total number of volunteers (estimate if necessary)	6	614
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,415,205
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	60,890,740	22,007,740
9 Program service revenue (Part VIII, line 2g)	1,284,993,312	1,492,692,640
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,000	15,089
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,793,199	6,445,709
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,363,694,251	1,521,161,178
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,804,623	534,292
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	461,501,420	542,376,154
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	720,325,740	789,501,807
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,183,631,783	1,332,412,253
19 Revenue less expenses. Subtract line 18 from line 12	180,062,468	188,748,925
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,403,237,230	2,577,547,462
21 Total liabilities (Part X, line 26)	153,143,893	142,602,453
22 Net assets or fund balances. Subtract line 21 from line 20	2,250,093,337	2,434,945,009

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2022-11-10
Ron Beamon VP, CFO - BayCare Hospital Div
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P01320603
Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230 Phone no. (954) 202-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,117,842,493 including grants of \$ 534,292) (Revenue \$ 1,492,692,640)
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 ▶ 1,117,842,493

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question ID, Question Text, Answer Field, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 2985 Drew Street Clearwater, FL 33759 (727) 820-8021

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
See Additional Data Table										

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	1,309,283	7,113,780	1,068,270

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 ▶ 561

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AYA HEALTHCARE INC 5930 CORNERSTONE CT W 300 SAN DIEGO, CA 92121	medical services	37,160,621
CHILDRENS HOSPITAL PITTSBURGH 4401 PENN AVE 5TH FLR AOB PITTSBURGH, PA 15224	physician services	6,982,728
BAY LINEN INC 11525 47TH ST N CLEARWATER, FL 33762	laundry services	5,470,720
ROBINS & MORTON GROUP 400 SHADES CREEK PKWY BIRMINGHAM, AL 35209	construction services	5,171,338
WOMENS CARE FLORIDA LLC 2665-A SR 580 CLEARWATER, FL 33761	medical director services	3,631,513

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 ▶ 154

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	534,292	534,292		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	217,931		217,931	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	406,014	406,014		
7 Other salaries and wages	472,898,180	468,939,710	3,958,470	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,329,059	15,200,747	128,312	
9 Other employee benefits	24,171,290	23,968,960	202,330	
10 Payroll taxes	29,353,680	29,053,143	300,537	
11 Fees for services (non-employees):				
a Management				
b Legal	74,156		74,156	
c Accounting	2,875		2,875	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	264,819,522	71,030,478	193,789,044	0
12 Advertising and promotion	494,772	494,772		
13 Office expenses	16,728,941	8,100,556	8,628,385	
14 Information technology	2,806,556	1,807,651	998,905	
15 Royalties				
16 Occupancy	20,224,948	17,183,167	3,041,781	
17 Travel	2,030,783	1,818,087	212,696	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	17,310,462	17,310,462		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,389,416	72,630,920	758,496	
23 Insurance	17,322,292	17,322,292		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	265,082,941	265,081,868	1,073	
b ASSESSMENT	17,778,893	17,778,893		
c PHYSICIAN FEES	45,902,587	45,902,587		
d BAD DEBT EXPENSE	459,189	459,189		
e All other expenses	45,073,474	42,818,705	2,254,769	0
25 Total functional expenses. Add lines 1 through 24e	1,332,412,253	1,117,842,493	214,569,760	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1 Cash—non-interest-bearing	16,825	1	17,510	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	139,665,442	4	159,434,604	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0	
	7 Notes and loans receivable, net	1,257,875	7	1,221,686	
	8 Inventories for sale or use	31,911,307	8	34,010,050	
	9 Prepaid expenses and deferred charges	6,201,962	9	6,493,366	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,787,256,730			
	b Less: accumulated depreciation	985,836,881	836,988,612	10c	801,419,849
	11 Investments—publicly traded securities	0	11		
	12 Investments—other securities. See Part IV, line 11	0	12		
	13 Investments—program-related. See Part IV, line 11	5,545,504	13	6,603,302	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,381,649,703	15	1,568,347,095	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,403,237,230	16	2,577,547,462		
Liabilities	17 Accounts payable and accrued expenses	90,612,111	17	128,662,415	
	18 Grants payable		18		
	19 Deferred revenue	171,572	19	127,559	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	3,480,665	23	3,723,207	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	58,879,545	25	10,089,272	
	26 Total liabilities. Add lines 17 through 25	153,143,893	26	142,602,453	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	2,248,294,635	27	2,433,146,307	
	28 Net assets with donor restrictions	1,798,702	28	1,798,702	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	2,250,093,337	32	2,434,945,009		
33 Total liabilities and net assets/fund balances	2,403,237,230	33	2,577,547,462		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,521,161,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,332,412,253
3	Revenue less expenses. Subtract line 2 from line 1	3	188,748,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,250,093,337
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,897,253
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,434,945,009

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 on 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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 21014044

Software Version: 2021v4.2

EIN: 59-0774199

Name: St Joseph's Hospital Inc

Form 990 (2021)

Form 990, Part III, Line 4a:

St. Joseph's Hospital, Inc. (SJH) is a full-service 1,385-bed community hospital. During 2021, SJH Provided inpatient care to 51,771 Patients, treated 214,531 patients in the emergency department, and delivered 6,719 babies. Through efforts of the medical assistance program and the hospital's charity care program, SJH saw a net community benefit expense of nearly \$177.5 million. The hospital also provided other community Services totaling nearly \$11.7 million. Some of the programs included wellness on wheels, faith Community nursing, and St. Joseph's children's advocacy center. Refer to Schedule H for additional Information.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
LYDIA BOUTROS CLINICAL PHARMACIST	45.0 0					X		279,182	0	18,213
MARK STONE CLINICAL PHARMACIST	45.0 0					X		209,950	0	27,745
NANETTE WILCOX ADMIN DIR HEART INSTITUTE	45.0 0					X		220,478	0	44,524
CARL TREMONTI FORMER VP, CFO BAYCARE HOSP DIV	0.0 52.0						X	0	681,973	63,958
JOANNE MAYERS FORMER KEY, VP, PATIENT SVCS/CNO - EAST	0.0 45.0						X	0	372,390	89,769
LORRAINE SARGENT FORMER KEY, DIRECTOR IMAGING EAST REGION	0.0 45.0						X	0	213,363	20,275
MATTHEW NOVAK FORMER PRESIDENT SJH SOUTH, PRESIDENT MEASE HOSPITALS	0.0 50.0						X	0	431,518	112,239
MICHAEL SMITH FORMER PRES SJH SOUTH, PRES ST. ANTHONY'S	0.0 45.0						X	0	551,873	77,763

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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).)
- 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 on 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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	Did the activities described on line 2a, above 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>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

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 for instructions and the latest information.**

OMB No. 1545-0047

2021

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	Employer identification number 59-0774199
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,800
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		64,933
j Total. Add lines 1c through 1i			66,733
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lines 1b & 1g. - Lobbying activities performed by employees concerning healthcare issues. Line 1i. - Dues were paid to: - American Health Information Management Association - Florida Society of Health System Pharmacists - American College of Cardiology - American Hospital Association - American Society of Health System Pharmacists - South Tampa Chamber of Commerce - National Association of Children's Hospitals - 340B Health - Florida Hospital Association - American Society for Health Care Engineering - Association of Community Cancer Centers - Association for Professionals in Infection Control and Epidemiology - American College of Surgeons These associations 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

OMB No. 1545-0047 2021 Open to Public Inspection

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 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor and grantee notification questions.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation types (public use, natural habitat, open space, historic area, historic structure) and a table for conservation statistics (2a-2d). Includes questions 3-9 regarding modifications, states, monitoring, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2a-2b regarding reporting of art and assets.

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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,040,478		6,040,478
b Buildings		1,241,445,919	561,613,869	679,832,050
c Leasehold improvements		1,312,923	1,084,291	228,632
d Equipment		533,601,614	423,082,573	110,519,041
e Other		4,855,796	56,148	4,799,648
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				801,419,849

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(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)		
(10)		
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) Due From Affiliates	1,557,871,046
(2) Deposits	247,629
(3) Deferred Compensation Plan	10,228,420
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,568,347,095

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	
(2) PENSION OBLIGATION	
(3) SERP LIABILITY	
(4) ASSET RETIREMENT OBLIGATION	
(5) Medicare Advance Payments	
(6) Estimated Third Party Settlement	9,762,617
(7) Serp Liability	
(8) Asset Retirement Obligation	
(9) OTHER	326,655
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	10,089,272

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,510,472,539
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,960,756
e	Add lines 2a through 2d	2e	1,960,756
3	Subtract line 2e from line 1	3	1,508,511,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,649,395
c	Add lines 4a and 4b	4c	12,649,395
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,521,161,178

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,322,280,761
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,322,280,761
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	10,131,492
c	Add lines 4a and 4b	4c	10,131,492
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,332,412,253

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: 21014044
Software Version: 2021v4.2
EIN: 59-0774199
Name: St Joseph's Hospital Inc

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

1. (a) Description of Liability	(b) Book Value
PENSION OBLIGATION	
SERP LIABILITY	
ASSET RETIREMENT OBLIGATION	
Medicare Advance Payments	
Estimated Third Party Settlement	9,762,617
Serp Liability	
Asset Retirement Obligation	
OTHER	326,655

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>The majority of the affiliates within the System are not-for-profit organizations described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code, and are also exempt from state taxes. The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. Management has determined that no material unrecognized tax benefits or liabilities exist as of December 31, 2021 or 2020.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	GAIN ON PENSION ASSETS - 1960756

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	GRANTS - 9908112 CONTRIBUTIONS RECORDED IN NET ASSETS - 2517903 G/L ON SALE OF ASSETS - 15089 IC EXPENSE REDISTRIBUTED - 208291

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	GRANTS - 9908112 G/L ON SALE OF ASSETS - 15089 IC EXPENSE REDISTRIBUTED - 208291

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2021
Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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 %</u>	3a Yes	
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 _____ %	3b	No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,738,089	17,127,333	18,610,756	1.40 %
b Medicaid (from Worksheet 3, column a)			267,184,481	116,800,759	150,383,722	11.29 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			13,321,914	4,823,628	8,498,286	0.64 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	316,244,484	138,751,720	177,492,764	13.33 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			7,513,369		7,513,369	0.56 %
f Health professions education (from Worksheet 5)			2,739,382		2,739,382	0.21 %
g Subsidized health services (from Worksheet 6)			415,112		415,112	0.03 %
h Research (from Worksheet 7)			370,382		370,382	0.03 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			613,452		613,452	0.05 %
j Total. Other Benefits	0	0	11,651,697	0	11,651,697	0.87 %
k Total. Add lines 7d and 7j	0	0	327,896,181	138,751,720	189,144,461	14.20 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			16,968		16,968	0 %
4 Environmental improvements			40,166		40,166	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			269		269	0 %
9 Other					0	0 %
10 Total	0	0	57,403	0	57,403	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 459,189		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 163,828,636
6 Enter Medicare allowable costs of care relating to payments on line 5	6 180,960,945
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -17,132,309
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	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

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 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <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		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <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)		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	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):	Yes	
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://baycare.org/hospitals/st-josephs-hospital/about-us/community-health-needs</u>		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://baycare.org/hospitals/st-josephs-hospital/about-us/community-health-needs</u>	Yes	
	a If "Yes" (list url): <u>needs</u>		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	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:			
13	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:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):	Yes	
a	<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	<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>		
c	<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>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 11

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	ST. JOSEPH'S HOSPITAL, INC. OPERATES IN THE STATE OF FLORIDA, WHICH DOES NOT REQUIRE ITS COMMUNITY BENEFIT REPORT TO BE FILED WITH THE STATE GOVERNMENT. THE COMMUNITY BENEFIT REPORT IS PREPARED AND MADE AVAILABLE TO THE PUBLIC.

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)</p>	<p>St. Joseph's Women's Hospital * The Hinks and Elaine Shimberg Breast Center at St. Joseph's Women's Hospital was reaccredited by the National Accreditation Program for Breast Centers (NAPBC). Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and undergo a rigorous evaluation process and performance review. * Selected as a Top 100 Hospital by Watson Health for the fourth consecutive year and fifth time overall. * The Hinks and Elaine Shimberg Breast Center at St. Joseph's Women's Hospital named Breast Imaging Centers of Excellence by the American College of Radiology (ACR) for mammography, breast ultrasound, ultrasound-guided biopsy and stereotactic biopsy. St. Joseph's Hospital-North * Selected as a Top 100 Hospital by Watson Health for the fourth consecutive year and fifth time overall. * Recipient of a 2021 Jean Byers Memorial Award for Excellence in Cancer Registration. The award is given by the Florida Cancer Data System (FCDS) at the University of Miami Miller School of Medicine to facilities that had 100 percent accuracy on data submission. The award signifies that St. Joseph's Hospital-North met or exceeded national quality standards for timeliness and completeness of cancer reporting over a defined, specific time period. * The Labor and Delivery and Mom and Baby teams at St. Joseph's Hospital-North exceeded national and regional averages for providing newborn feeding services. The information was in the Center for Disease Control's Maternity Practices in Infant Nutrition and Care (mPINC) Survey. St. Joseph's Hospital-South * Selected as a Top 100 Hospital by Watson Health for the fourth consecutive year and fifth time overall. * Received accreditation as a Center of Excellence in Robotic Surgery by the Surgical Review Corporation (SRC). SRC is a leading independent, external evaluator of programs and services for surgeons and hospitals. The accreditation signifies that the hospital's robotic-assisted surgery services provide the highest quality of care to patients. * Received a Premier, Inc., QUEST Hero Award for patient care and safety during the COVID pandemic. The award was given to hospitals for their care and safety measures during the pandemic. According to Premier, the award recognized St. Joseph's Hospital-South "for its exemplary efforts to act nimbly and quickly to evolve care and operations in the face of extraordinary circumstances presented by the pandemic." Premier is a health improvement organization with an alliance of more than 4,100 U.S. hospitals and health systems. St. Joseph's Hospital-South participates in a Premier's QUEST quality improvement collaborative with hospitals across the nation. Responding to Needs: The second year of the coronavirus pandemic proved once again the mettle of BayCare team members and physicians-almost 28,000 strong. Demonstrating stamina and agility, our extraordinary team adapted constantly to the virus' variants and provided the exceptional care the community relies on. The year 2021 was an endurance test, from the year's optimistic start with a growing supply of COVID-19 vaccines to the incredible toil of the summer's Delta wave, and to the arrival, at year's end, of the Omicron variant. Addressing COVID-19 came in addition to the community's other health care needs, not in lieu of it. In the first quarter, office spaces were converted into vaccination clinics, delivering 89,368 doses of vaccine to BayCare employees plus other health care workers, patients aged 65 and over, medically vulnerable adults under age 65 and other vulnerable populations. The clinics continued operations until retail pharmacies began offering vaccinations. Then, during the Delta surge, BayCare team members stepped away from their normal duties when they could to help wherever they were needed as COVID-19 patient counts skyrocketed. They served food in hospital cafeterias, pushed gurneys, cleaned rooms, restocked supplies, and sat with patients to provide frontline caregivers as much support as possible. While fighting the virus was job one for the health system in 2021, team members also worked steadily on achieving goals that had been set for the year and growing BayCare's services for the communities of West Central Florida, always remaining focused on BayCare's mission to set the standard for high-quality, compassionate care. St. Joseph's Hospitals are committed to providing financial and other support to not-for-profit organizations whose missions are to improve the health and well-being of our community. In 2021, St. Joseph's Hospitals provided funding to community-based organizations including: * Gracepoint - In 2021, St. Joseph's Hospital and South Florida Baptist Hospital awarded Gracepoint \$75,000 to facilitate community coordination of participating agencies and coordinated care for targeted high-utilizers of emergency department and law enforcement services who suffer from</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)	<p>m homelessness and behavioral health challenges. * Judeo Christian Clinic - St. Joseph's Hospital awarded Judeo Christian Clinic \$138,000 to fund an Advanced Registered Nurse Practitioner (ARNP), and a Behavioral Health professional at Judeo Christian Clinic to provide access to healthcare and Behavioral Health services to medically indigent residents of the Tampa Bay area. In addition, St. Joseph's Hospitals provide comprehensive acute care to indigent patients at Judeo Christian Clinic. * Northside Behavioral Health - In 2021, St. Joseph's Hospital awarded Northside Behavioral Health \$450,000 to address critical gaps in the accessibility of community behavioral health services in Hillsborough County, Florida. Northside Behavioral Health provides the Pathways Program at its facility, which includes quality and convenient behavioral health triage and screening, brief intervention, and system navigation services for families and individuals. * REACHUP, Inc. - St. Joseph's Hospitals awarded REACHUP \$18,210 in 2021 to support expecting mothers and mothers whose infants are considered high-risk for poor health, social and/or cognitive outcomes by providing a doula for educational support, skills training, and resources. * Salvation Army - St. Joseph's Hospitals provided approximately \$136,875 to the Salvation Army to provide emergency shelter services including three meals a day for 30 nights to the homeless to ensure access to a safe, supportive environment for substance misuse patients. In 2021 across BayCare, our Financial Assistance team members worked hard to overcome the challenges the COVID pandemic presented. The team screened approximately 58,000 patients, completing approximately 23,000 applications for reimbursable programs like Medicaid and another 38,000 charity related applications, providing support in overcoming barriers to accessing health care. Through BayCare's partnership with Uber Technologies, a non-emergency transportation solution is provided for low-income patients across BayCare's four-county service area. In 2021, the program provided 16,288 rides to patients. In 2021, St. Joseph's Hospitals Coordination Teams provided over \$2 million in services and team member time. This program includes pharmacy, transportation, skilled nursing facilities, assisted living facilities and other discharge needs for patients. Many patients are either uninsured, unable to appropriately care for themselves or do not have a caregiver. (Continued)</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)</p>	<p>Children's Services (St. Joseph's Children's Hospital) * St. Joseph's Children's Hospital is well known throughout the southeast United States as a leader in pediatric heart and cancer care. With 80 pediatric physician specialists representing 25 medical and surgical disciplines, the staff offers the care St. Joseph's Children's Hospital is known for. Specialized pediatric services offered are further strengthened by St. Joseph's Hospital full-service medical center, including the 24-hour Steinbrenner Emergency/Trauma Center for Children. At St. Joseph's Children's Hospital, we treat more children than any other hospital in Tampa Bay. St. Joseph's Children's Hospital is proud to offer specialized in-patient and outpatient pediatric care to children and their families in multiple locations throughout west central Florida. * Our 76-bed NICU provides the highest level of care as designated by the American Academy of Pediatrics. A Level IV NICU can provide the most complex level of neonatal care including surgical repair of congenital or acquired conditions and immediate on-site access to pediatric medical and surgical subspecialists and pediatric anesthesiologists. A highly skilled and experienced nursing team and physicians board-certified in neonatology provide care around the clock 24/7 for premature newborns and those born with conditions requiring special care. * The Daniel J. Plasencia, MD Children's Chronic Complex Clinic at St. Joseph's Children's Hospital is a Patient-Centered Medical Home that treats children with extraordinarily special needs. Our young patients cope with a variety of complex medical issues simultaneously, some of which include premature birth, cancer and blood diseases, congenital disorders, cerebral palsy and heart conditions. As a result, these children may also experience developmental delays in speech, motor and cognitive development. As a Patient-Centered Medical Home, our patients can grow up receiving all their necessary health care in one place. * For more than 20 years, BayCare'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 2021, BayCare's Wellness and Safety Center educated more than 47,173 children and their families through community programs and events across BayCare's footprint. * 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 2021, the Mobile Medical Clinic provided services to 1,791 medically needy children. 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. St. Joseph's Women's Hospital offers complete obstetrical, perinatal, surgical, gynecological, and oncological services for women through every stage of life. 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. St. Joseph's Cancer Institute offers specialized cancer care with board-certified cancer specialists, advanced technology, and cutting-edge cancer research. In addition, they provide various classes and support resources to cancer survivors. St. Joseph's Cancer HelpLine serves as a free, confidential resource for information about the disease as well as referrals to community programs and hospital services. Strong partnerships with community organizations provide prevention and early detection services including free breast and cervical cancer risk assessments. 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. A not-for-profit organization related to 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. The Pinellas Care Clinic and Tampa Care Clinic provides outpatient medical care to adults living with HIV. Patients receive care in an environment that maintains their optimal physical, emotional, and spiritual well-being. The clinic also serves the community as a scientific resource through education and research. The clinic is supported by St. Joseph's Hospital, St. Anthony's Hospital, federal funding</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (Continued)	<p>through the Ryan White Program, state funding and others. St. Joseph's Hospital recognize s the strong community need for psychiatric care. The St. Joseph's Hospital Behavioral Health Center is the only freestanding inpatient Baker Act-receiving private psychiatric hospital in Hillsborough County. The facility promotes healing through architectural design elements and an atmosphere focused on meeting the needs of the patient. The facility include s 40 adult beds and 20 child/adolescent beds. Recognizing that behavioral health needs amo ng hospital patients are varied and that hospitalization itself is stressful, BayCare hire d Behavioral Health Liaisons in many hospitals across our system. Behavioral Health Liaiso ns are trained therapists who work with a wide variety of patients to offer care and conne ct them to resources beyond their hospital stay. Our liaisons help patients with issues fr om anxiety over a new diagnosis to complex substance use disorders, often facilitating fol low up care with outpatient providers. The liaisons also provide care for our team members , which was a crucial support during the high stress months of COVID-19 peak volumes. BayC are's Community Health team develops community partnerships with area agencies, providing wellness education and disease prevention screenings directly into area neighborhoods. The COVID pandemic prevented the team from being onsite with many partners; however, Community Health was able to participate in 113 events and programs in 2021 and was able to promot e better health to more than 1,800 people. In 2018, BayCare launched the Healthy Living Co ach program with six free clinics/federally qualified health centers located in high-risk neighborhoods within the region. Through the program, BayCare continues to provide funding support for four trained Healthy Living Coaches that are responsible for providing in-per son, telehealth, and telephonic coaching for those living with diabetes or pre-diabetes. C oaches provide support in decision making, motivation, and resource navigation in managing their diagnosis. Faith Community Nursing offers a unique partnership between St. Joseph's Hospital and the faith communities in Hillsborough County. Our Faith Community Nurses and Health Ministers work to improve the health of their faith community by encouraging preve ntive care and referring members to the appropriate health resources. In 2021 across BayCa re, our Faith Community Nursing team of 310 nurses and 64 community health promoters had d irect contact with 67,216 faith community members, provided 2,861 referrals and volunteere d more than 37,000 hours. St. Joseph's Hospitals in partnership with Catholic Charities pr ovide support for San Jose Mission Clinic and La Esperanza clinic. Both clinics provide fr ee services to uninsured patients who are below the 200% poverty threshold. In 2021, St. J oseph's Hospitals provided part-time nurse care coordinators, a nurse practitioner and res ource assistants to support the clinics, as well as diabetes, hypertension, and other clin ic supplies. In addition, dental services, behavioral health services, staff trainings and the lease costs for La Esperanza are paid for through St. Joseph's Hospitals funding supp ort. (Continued)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH (CONTINUED)</p>	<p>In 2019, BayCare conducted a comprehensive Community Health Needs Assessment (CHNA). The results of this assessment were used to guide the development of a 3 year Strategic Plan for each of our 15 hospitals. One of the most compelling data points to arise from the community survey component of the CHNA was that of the nearly 20,000 respondents who answered questions related to food insecurity 30% indicated that in the past year they had been food insecure. In response to these findings, BayCare launched the following initiatives: * BayCare, as a regional anchor institution was positioned and committed to developing innovative strategies to address food insecurity. Partnering with Feeding Tampa Bay, BayCare worked to engage high risk patients who were also food insecure and connect them with a Healing Bag of 2-3 days of non-perishable food upon discharge. The Healing Bags also contained simple to read resources to assist patients in finding help within their community. In 2021, the project provided 2,654 Healing Bags to patients screened as food insecure. This successful project is the first of its kind regionally and will be expanded in 2022. * BayCare also began the process of developing a medically-tailored meal (MTM) program. As a member of the first cohort of agencies to participate in the Feeding America Food is Medicine Accelerator program, BayCare along with Feeding Tampa Bay received guidance and technical assistance from the Accelerator with the intent to pilot a MTM project in late 2021. * In collaboration with Feeding Tampa Bay, BayCare partnered with 18 schools in Hillsborough, Pinellas, Pasco and Polk Counties to provide students and their families food through the Feeding Minds School Pantry program. BayCare's Clinical Research Operations Teams provide specialized staffing support to Principal Investigators across BayCare Health System in the conduct of clinical research involving human subjects. The primary purpose is to increase access opportunities for participation in clinical research by both clinicians and patients in an effort to provide potentially life-changing care for patients today and to advance the science of medicine for future generations. Cutting-edge inpatient and outpatient studies focus on pharmaceutical and device trials, infectious diseases including COVID-19, and pediatric and adult trials including investigational research in hematology, oncology, cardiology, and tissue banking studies. In 2021, BayCare worked alongside other local not-for-profit hospitals and county departments of health as the All4HealthFL Collaborative. The purpose of the All4HealthFL Collaborative is to improve health by leading regional, outcome-driven health initiatives that have been prioritized through community health assessments. Members of the Collaborative aligned efforts to provide Mental Health First Aid Training to organizations in Hillsborough, Pasco, Pinellas, and Polk Counties. Additionally, in 2021, the Collaborative began preparations to collectively conduct the 2022 Community Health Needs Assessment including development of a community survey and completion of 26 focus groups. Volunteer Activities: In 2021, 383 volunteers contributed 56,299 hours of service to 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. A favorite annual tradition for the team at St. Joseph's Hospital 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. Team members contributed to the health of the community by: * Participating in a virtual food drive to raise funds for Feeding Tampa Bay. Overall, 486 donors contributed \$20,387 in funds providing food to those in need across the region. * Holding the annual Team Member Giving Campaign. Across the system, team members donated \$811,326 to BayCare hospital foundations, the emergency team member fund, and the United Way.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	<p>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 criteria for financial assistance (250%)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	BAYCARE HEALTH SYSTEM, INC.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	459189

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	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.

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	ST. JOSEPH'S HOSPITALS SUPPORT ACTIVITIES THAT PROMOTE THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS THROUGH COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, AND WORKFORCE DEVELOPMENT. THIS INCLUDES: - TEAM MEMBER TIME DEDICATED TO SUPPORTING THOSE that are DISADVANTAGED - FUNDING SUPPORT FOR ORGANIZATIONS SUCH AS, HILLSBOROUGH COMMUNITY COLLEGE THAT ADDRESS THE ROOT CAUSES OF HEALTH AND SAFETY ISSUES AND PROMOTE ECONOMIC STABILITY. - RECYCLING COSTS FOR DISPOSABLE ITEMS - PARTICIPATION IN THE GREAT AMERICAN TEACH-IN

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	BAD DEBTS reported in Part III represent charges written off due to demise of the individual prior to the balance being paid in full or financial obligations discharged in bankruptcy. The amount reported is actual and is NOT AN ESTIMATE.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	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.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	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. ANY SHORTFALL AMOUNTS HAVE NOT BEEN TREATED AS COMMUNITY BENEFIT.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	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. Since the charity care policy is 100% for patients who are eligible, there is no remaining patient portion; therefore, there would never be a situation where a patient is known to qualify for financial assistance but is experiencing collection actions.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST. JOSEPH'S HOSPITAL, INC.: Line 16a URL: https://baycare.org/billing-and-insurance/financial-assistance ;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST. JOSEPH'S HOSPITAL, INC.: Line 16b URL: https://baycare.org/billing-and-insurance/financial-assistance ;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ST. JOSEPH'S HOSPITAL, INC.: Line 16c URL: https://baycare.org/billing-and-insurance/financial-assistance ;

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<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 AND EMPLOYING STRATEGIES TO ADDRESS THOSE NEEDS IN A COMPREHENSIVE MANNER. 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. ST. JOSEPH'S HOSPITAL, INC. RECOGNIZES THE IMPORTANCE OF HEARING FROM THOSE THEY SERVE. ALONG WITH COLLECTING GENERALLY AVAILABLE DATA, ST. JOSEPH'S HOSPITAL, INC. CONDUCTS A COMMUNITY-BASED SURVEY TO ALLOW FOR COMMUNITY RESIDENTS' VOICES TO BE HEARD AS WELL AS INFORMED DECISION MAKING RELATED TO HEALTH PRIORITIES. IN ADDITION, ST. JOSEPH'S HOSPITAL, INC CONDUCTS PHYSICIAN COMMUNITY NEEDS 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>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	ST. JOSEPH'S HOSPITAL, INC FINANCIAL ASSISTANCE TEAM MEMBERS ARE DEDICATED TO ASSISTING PATIENTS IN OBTAINING ASSISTANCE THROUGH FEDERAL, STATE AND LOCAL GOVERNMENT PROGRAMS OR THROUGH THE BAYCARE HEALTH SYSTEM, 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.

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>The St. Joseph's Hospitals are acute care facilities serving all of Hillsborough County and parts of several surrounding counties. This grouping includes St. Joseph's Main, St. Joseph's Children's, St. Joseph's Women's, St. Joseph's North and St. Joseph's South. The average household income of \$93,660 in this area is \$291 less than the state average household income (\$93,951) and \$9,966 less than the national average household income (\$103,626). 9.0% of the households have annual household income below \$15,000 per year. The population served is primarily Caucasian Non-Hispanic (55.1%); Hispanics are the second largest ethnic group representing 25.8% of the population. 89.4% of the population are high school graduates or higher educated. St. Joseph's Hospitals are part of BayCare Health System that serves west central Florida. The area served by the St. Joseph's Hospitals has 26 acute care hospitals (20 not-for-profit), 4 behavioral health hospitals (2 not-for-profit), 4 long term acute care hospitals (2 not-for-profit) and 2 for-profit rehabilitation hospitals. There are 4 federally designated medically underserved areas and 10 federally designated medically underserved populations in the St. Joseph's Hospitals' service area. With the service area expanding and the over 65 population expected to grow 17.3% in the next five years, the health care needs of our service area are expanding and changing. The population served by St. Joseph's Hospitals is expected to grow 5.5% in the next 5 years. This is higher than Florida's expected growth rate of 4.6% and higher than the United States growth rate of 3.2%. Based on Florida inpatient discharge data for the period of 10/01/20 - 9/30/21, the payer mix for the geographic area consists of 46.8% Medicare/Medicare HMO, 16.4% Medicaid/Medicaid HMO, 23.6% Commercial Insurance, 6.6% Self pay/Non-pay, and 6.6% Other.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>Our mission at St. Joseph's Hospitals as part of BayCare Health System is to improve the health of all we serve through community-owned 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. 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 will find at St. Joseph's today and the result is the exceptional care we deliver to our patients every day. St. Joseph's Hospitals is comprised of 5 hospitals in Hillsborough County, Florida, including 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. Whether it is financial assistance for medical care for the uninsured or underinsured, donated resources to local nonprofits or education classes and support groups hosted by our team, we selflessly give back to improve the health of the communities that surround the hospitals. Community Involvement: 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, talent and support. The majority of board members are independent. The primary responsibility of the Board is to focus on quality outcomes, community health and oversight by ensuring decision and actions conform to St. Joseph's Hospital's strategic plans and budgets and produce intended results, assuring we fulfill our mission. The organization extends medical staff privileges to qualified physicians in the community. Conduit for using Donated Funds: BayCare has received funding from Allegany Franciscan Ministries to provide capacity and support to our Faith Community Nursing program to reduce unnecessary hospital utilization and improve health outcomes for participants. Funding of \$90,000 awarded in 2021 supports this work across BayCare Health System. BayCare has also received funding from Allegany Franciscan Ministries to provide assistance to those who face financial barriers in getting their needed prescription medications. Medication assistance coordinators work with patients to determine if there are vouchers available or work with the patient's doctor to see if a more cost effective, alternative medication is available. Annual funding of \$50,000 provides support for this program across BayCare Health System. The Florida Department of Health provides funding support for the Gettin' REAL program that employs a comprehensive, collaborative community-based approach to address disparities in the health outcomes of minority populations related to diabetes and cardiovascular disease across Pinellas, Hillsborough, Pasco, and Polk Counties. In 2021, through funding support, BayCare provided screenings to 1,708 individuals, referred 1,402 individuals to lifestyle-change programs (Get into Fitness Today, National Diabetes Prevention Program, or Diabetes Education Empowerment Program) and instructor-led physical activity to achieve the best possible results for the most vulnerable. St. Joseph's Children's Hospital receives funding from the Florida Association of Free and Charitable Clinics. Grant funds are used to support the operations of the Mobile Medical Clinic, which reduces barriers to care by bringing high-quality, well-child services to the most underserved areas in our community. Services include providing physical examinations, immunizations, and addressing general health concerns at no charge to the families utilizing our mobile medical clinic services. St. Joseph's Children's Hospital receives funding from the Children's Board of Hillsborough County for Mobile Health and Safety Education which provides services and outcome measures that impact participants at the prevention level. The program provides services to residents of Hillsborough County at seven Children's Board Family Resource Centers and community-based locations. It provides educational classes with a focus on educating children in an age-appropriate way that makes learning about health, safety, and obesity prevention fun and supports children and families by empowering children and their caregivers to develop healthy and safe practices including CPR/ First Aid certification. In addition, the program supports children and families by providing opportunities for caregivers and their children to participate in developmental screenings, mobile/medical pediatric health services (including well child visits and immunizations), hearing screenings, and structured physical activity. St. Joseph's Women's Hospital receives funding from the Children's Board of Hillsborough County for the Supporting Motherhood and More program.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>ogram. The program provides peri-natal mental health services for parents and caregivers in Hillsborough County. This includes support groups and one-to-one virtual counseling to underserved mothers residing in Hillsborough County. The program supports children and families by providing structured psychoeducational group sessions and individualized counseling by licensed therapists for underserved mothers challenged by perinatal depression. St. Joseph's Women's Hospital receives funding from the Healthy Start Coalition of Hillsborough County for the Healthy Families Florida (HFF) program, a nationally accredited community-based, voluntary home visitation program that is proven to prevent child abuse and neglect and other poor childhood outcomes by promoting positive parent-child relationships and child health and development. Home visiting services begin prenatally or soon after the birth of the baby and can last up to five years depending on the unique needs of the family. Families are also linked to a medical provider and other family support services they need during their participation in HFF. HFF is based on a set of research-based program elements and standards of the HFA model. St. Joseph's Children's Hospital receives funding support from the State of Florida, Department of Health to support the operations of the Chronic Complex Clinic, a Patient-Centered Medical Home that treats children with extraordinarily special needs. Economic Impact: There are 6,514 extraordinary St. Joseph's team members and more than 1,504 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. In total, more than 1,200 students studied at St. Joseph's Hospitals in 2021. Recognition: Individual hospital accomplishments include: St. Joseph's Hospital * Named one of the nation's 50 Top Cardiovascular Hospitals by Fortune and IBM Watson Health for the fourth year. * Selected as a Top 100 Hospital by Watson Health for the fourth consecutive year and fifth time overall. * Earned 3-star rating, the highest possible, for open heart surgery from the Society of Thoracic Surgeons. * Earned credentialing from DNV - Healthcare, a prestigious international accrediting body that emphasizes clinical best practices and a disciplined management system, for the Heart and Vascular Institute's Ventricular Assist Device (VAD) program. * Earned Comprehensive Stroke Center Certification by DNV GL Healthcare, a prestigious international accrediting body that emphasizes clinical best practices and a disciplined management system. * Recognized by Healthgrades as a top provider during the pandemic based on quality outcomes. * Received Commission on Cancer accreditation from the American College of Surgeons across all St. Joseph's Hospitals. * Recognized as an Adult Congenital Accredited Comprehensive Care Center. St. Joseph's Children's Hospital * Earned certification as an Asthma-Friendly Hospital from the Florida Asthma Coalition for its ability to create a safe and healthy environment for their patients with asthma. * Accreditation by the Intersocietal Accreditation Commission (IAC) in Echocardiography in the areas of Pediatric Transthoracic, Pediatric Transesophageal, Fetal Echocardiography. * Selected as a Top 100 Hospital by Watson Health for the fourth consecutive year and fifth time overall. * Recognized as an Adult Congenital Accredited Comprehensive Care Center.</p> <p>(Continued)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>BayCare Health System, headquartered in Clearwater, Florida, is the leading, not-for-profit health care system that connects individuals and families to a wide range of services at 15 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, surgery centers, wellness centers, behavioral health, home care and urgent care. BayCare's 2021 Report to the Community can be viewed at BayCare.org/AnnualReport. BayCare's 15 hospitals are BayCare Alliant, 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-North, St. Joseph's-South, South Florida Baptist, Winter Haven and Winter Haven Women's. (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.) In 2021, BayCare began construction of two new hospitals to provide acute care services in parts of the region experiencing rapid population growth. South Florida Baptist Hospital will receive a new facility near its current location and BayCare Hospital Wesley Chapel is expected to open in 2023. BayCare was founded in 1997 after leaders of several of the area's independent, not-for-profit hospitals began discussing ways to ensure that high-quality, not-for-profit health care would remain a viable option for the Tampa Bay community for decades to come. The founding hospitals agreed to sacrifice some of their autonomy to be operated by a new entity, BayCare. With \$4.9 billion in operating revenue in 2021, BayCare is now a fully integrated health system dedicated to providing high-quality, compassionate care to all we serve, regardless of their ability to pay. BayCare has 3,892 hospital beds, 20 urgent care centers, 4 surgery centers, 15 outpatient imaging facilities, 177 physician practice locations and 36 walk-in care stations in Publix supermarkets. BayCare annually generates \$8.5 billion in economic impact in the region and state. BayCare is one of the largest employers in the Tampa Bay area, with 27,739 team members. During 2021, BayCare provided \$702.1 million in benefits for its employees, including more than \$205.2 million in retirement, \$182 million in medical insurance, \$162.9 million in paid time off and \$44.9 million in education and development. In 2021, FORTUNE magazine and Great Place to Work ranked BayCare 68th on the 100 Best Companies to Work For national list. BayCare also was ranked seventh out of 28 large U.S. companies on the list of Best Workplaces in Health Care and Biopharma 2021 by Great Place to Work and FORTUNE. BayCare also made the 2021 Top Workplaces list of the Tampa Bay Times newspaper. In 2021, BayCare provided \$497 million in total Community Benefit, including \$357 million in Medicaid and other income-based programs, \$91 million in traditional charity care and \$49 million in unbilled community services, all measured in unreimbursed costs. After a Community Health Needs Assessment conducted in 2019 identified food insecurity as one of the top issues in the Tampa Bay and West Central Florida regions - an issue exacerbated by the pandemic - BayCare stepped up to help not just our patients, but individuals and families throughout the area we serve. BayCare partnered with not-for-profit Feeding Tampa Bay and committed \$450,000 to open food pantries in 18 public schools in lower-income neighborhoods across four counties. In 2021, BayCare distributed more than 2,650 "Healing Bags" of food to our patients who identified food insecurity as a problem. BayCare also adjusted its patient record system to prompt case managers to ask every vulnerable, high-risk patient about food insecurity and record the answer so that hunger can be diagnosed and treated like other medical problems. BayCare also invested \$100,000 in underwriting the creation of a West Central Florida web portal that can connect individuals to social service agencies able to help them with long-term needs. BayCare's financial strength, the efficiencies gained from its operating model, its visionary leadership, the hard work of its team members, and its determination to provide exceptional care to its patients helped BayCare in 2021 retain its ranking in the top 20% of large U.S. health systems by IBM Watson Health. Twenty-five years after it was created, BayCare is achieving the goal of its founders to preserve not-for-profit health care for the communities of Tampa Bay and West Central Florida, and it is fulfilling its Mission as an organization: to improve the health of all we serve through community-owned services that set the standard for high-quality, compassionate care.</p>

Additional Data**Software ID:** 21014044**Software Version:** 2021v4.2**EIN:** 59-0774199**Name:** St Joseph's Hospital Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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 BLV D 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
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ST. JOSEPH'S HOSPITAL, INC.. 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 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, 55 COMMUNITY STAKEHOLDERS IN THE ST. JOSEPH'S HOSPITAL SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED ON PAGE 11 OF THE CHNA. SEVERAL OF THE PARTICIPANTS RESPONDING TO THE SURVEY REPRESENT ORGANIZATIONS WHICH WORK WITH LOW-INCOME, MINORITY OR OTHER MEDICALLY UNDERSERVED POPULATIONS.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - ST. JOSEPH'S HOSPITAL, INC.. CHNA was conducted with the following hospital facilities: 1. Advent Health (Florida Hospital) 2. Johns Hopkins All Children's Hospital 3. Moffitt Cancer Center 4. Tampa General Hospital
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - ST. JOSEPH'S HOSPITAL, INC.. CHNA WAS CONDUCTED WITH THE FOLLOWING NON-HOSPITAL FACILITY: Florida Department of Health in Hillsborough County

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
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ST. JOSEPH'S HOSPITAL, INC.. St. Joseph's Hospital is concentrating efforts during the 2020-2022 time period to address the following significant health needs of our community as identified in the most recent CHNA: * Access to health services * Behavioral Health (Mental Health and Substance Use) * Exercise, Nutrition and Weight ST. JOSEPH'S HOSPITAL, INC.'S implementation plan DESCRIBES specific activities that are underway to address these significant health needs during the 2020-2022 time period. Although the majority of the overarching goals, objectives and efforts will focus on these top three focus areas, St. Joseph's Hospital remains committed to supporting positive advancements in addressing diabetes, heart disease and stroke, while addressing the focus area of exercise, nutrition and weight. There were five additional health focus areas identified through the CHNA. These were: * Cancer * Immunization and infectious disease * Maternal, fetal and infant health * Oral health * Respiratory disease These remaining health needs are significant, but they're not directly addressed in 2020-2022 health improvement plan strategies. However, they'll continue to be impacted through existing hospital strategies for clinical excellence and St. Joseph's Hospital partnerships within the community, including the Florida Department of Health and community organizations who may be in a better position to address these health issues.
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST. JOSEPH'S HOSPITAL, INC.. 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 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
1 St Joseph's Same Day Surgery Center LTD 3003 W Dr MLK Jr Blvd 1st Floor Tampa, FL 33607	Surgery Center
1 ST JOSEPH'S WOUND CARE 3003 W DR MLK JR BLVD 2nd Floor TAMPA, FL 33607	URGENT CARE
2 ST JOSEPH'S OUTPATIENT INFUSION CENTER 4510 North Habana Ave TAMPA, FL 33607	INFUSION CENTER
3 ST JOSEPH'S OUTPATIENT REHABILITATION CENTER 3003 W DR MLK JR BLVD 2ND FLOOR TAMPA, FL 33607	OUTPATIENT REHABILITATION
4 ST JOSEPH'S PINELLAS CARE CLINIC 3050 1ST AVE SOUTH ST PETERSBURG, FL 33712	OUTPATIENT CLINIC
5 ST JOSEPH'S SLEEP DISORDER CENTER 3001 W DR MLK JR BLVD TAMPA, FL 33607	SLEEP LAB
6 SJH CHILDREN'S SPECIALTY CENTER-MEASE 3253 N MCMULLEN BOOTH RD SUITE 100 CLEARWATER, FL 33761	OUTPATIENT REHABILITATION SERVICES FOR CHILDREN AND ADOLESCENTS
7 TAMPA CARE CLINIC 4600 NORTH HABANA AVE SUITE 15 TAMPA, FL 33614	OUTPATIENT CLINIC
8 SJH CHILDREN'S SPECIALTY CENTER-N TAMPA 15045 BRUCE B DOWNS BLVD TAMPA, FL 33647	OUTPATIENT REHABILITATION FOR CHILDREN AND ADOLESCENTS
9 SJH PHYSICAL THERAPY & SPORTS REHABILITATION 711 S DALE MABRY HWY TAMPA, FL 33609	OUTPATIENT REHABILITATION
10 SJH CHILDREN'S SPECIALTY CENTER-BRANDON 10817 BLOOMINGDALE AVE RIVERVIEW, FL 33578	OUTPATIENT REHABILITATION FOR CHILDREN AND ADOLESCENTS

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization St Joseph's Hospital Inc

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 for the latest information.

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	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: 21014044
Software Version: 2021v4.2
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 Orange Ave Suite 227 Winter Park, FL 32789	59-3418827	501(c)(3)	18,000				Walk for bleeding disorders
Judeo Christian Health Clinic Inc 4118 N MacDill Ave Tampa, FL 33607	59-1605647	501(c)(3)	97,701				JHCHC ANRP Grant

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Hemophilia Association 915 Middle River Drive Suite 421 Ft Lauderdale, FL 33304	59-2072352	501(c)(3)	6,000				Compassionate Care Program
Northside Behavioral Health Center Inc 12512 Bruce B Downs Blvd Tampa, FL 33612	59-1641327	501(c)(3)	375,091				Pathways

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
Gracepoint Foundation 5707 N 22nd St Tampa, FL 33610	59-1622729	501(c)(3)	37,500				Behavioral Health

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
St Joseph's Hospital Inc

Employer identification number
59-0774199

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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.	7	No
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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	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 compensation of the CEO (or COO) of the filing organization.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	BayCare Health System provides two nonqualified deferred compensation plans to executive level employees: Executive Nonqualified Defined Contribution Plan The plan provides for annual credits of a specified percentage of an eligible participant's eligible compensation paid in a plan year and interest credits. Plan participants vest in increasing percentages based on years of service. Further, a participant shall become fully vested upon the participant's death, total and permanent disability or due to involuntary separation of employment other than for cause, or upon reaching retirement age. Payments made during employment are made for required tax withholding and reduce the participant's account balance. Distribution of the vested account balance occurs upon termination of employment. The plan is frozen for the participants hired after 1.1.2018. Supplemental Executive Retirement Plan The plan provides for annual credits to the participant's company contribution account of a specified percentage of an eligible participant's eligible compensation paid in a plan year and investment income credits. Plan participants vest on January 1 of the fifth Plan Year following the Plan Year for which the contribution was made. Further, a participant shall become fully vested upon the participant's death, total and permanent disability or due to involuntary separation of employment other than for cause, or upon reaching retirement age. Distribution of the vested amounts shall be made no later than the earlier of 90 days following the date the amounts become vested or the March 15th following the Plan Year in which the participant became vested. Amounts accrued, vested and distributed for plan participants are provided below. Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan. He had \$866,844 in benefits vest in 2021. This amount is included in Part II (B)(iii) Other Compensation. He became 100% vested in 2021. The plan made cash distribution of \$341,103 in 2021. Kimberly Guy - Participated in a supplemental nonqualified deferred compensation plan. She had \$94,119 in benefits vest in 2021. This amount is included in Part II (B)(iii) Other compensation. The plan made cash distribution of \$37,036 in 2021. Carl Tremonti - Participated in a supplemental nonqualified deferred compensation plan. He had \$78,695 in benefits vest in 2021. This amount is included in Part II (B)(iii) Other compensation. The plan made cash distribution of \$30,967 in 2021. Ronald Beamon - Participated in a supplemental nonqualified deferred compensation plan. He had \$61,608 of nonvested benefits accrue during 2021. 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 \$56,741 in benefits vest in 2021. This amount is included in Part II (B)(iii) Other Compensation. He had \$25,014 of nonvested benefits accrue during 2021. This amount is included in Part II (C) Retirement and other deferred compensation. The plan made cash distribution of \$22,328 in 2021. Matthew Novak - Participated in a supplemental nonqualified deferred compensation plan. He had \$63,980 of nonvested benefits accrue during 2021. This amount is included in Part II (C) Retirement and other deferred compensation. Philip Minden - Participated in a supplemental nonqualified deferred compensation plan. He had \$22,455 in benefits vest in 2021. This amount is included in Part II (B)(iii) Other Compensation. He had \$37,674 of nonvested benefits accrue during 2021. This amount is included in Part II (C) Retirement and other deferred compensation. The plan made cash distribution of \$8,836. Joanne Mayers - Participated in a supplemental nonqualified deferred compensation plan. She had \$55,139 of nonvested benefits accrue during 2021. This amount is included in Part II (C) Retirement and other deferred compensation. Sarah Naumowich - Participated in a supplemental nonqualified deferred compensation plan. She had \$52,459 of nonvested benefits accrue during 2021. This amount is included in Part II (C) Retirement and other deferred compensation. Thomas Garthwaite - Participated in a supplemental nonqualified deferred compensation plan. He had \$23,483 of nonvested benefits accrue during 2021. This amount is included in Part II (C) Retirement and other deferred compensation.

Additional Data

Software ID: 21014044
Software Version: 2021v4.2
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, 1099-MISC compensation, and/or 1099-NEC			(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				
1	GLENN WATERS	(i)	0	0	0	0	0	0
	TRUSTEE/PRESIDENT/EVP, COO BAYCARE	(ii)	980,116	494,363	24,659	43,526	2,482,170	590,778
1	CARL TREMONTI	(i)	0	0	0	0	0	0
	FORMER VP, CFO BAYCARE HOSP DIV	(ii)	416,332	137,358	43,806	20,152	745,931	0
2	RONALD BEAMON	(i)	0	0	0	0	0	0
	VP, CFO BAYCARE HOSP DIV	(ii)	385,204	114,184	76,108	37,025	622,607	0
3	JOANNE MAYERS	(i)	0	0	0	0	0	0
	FORMER KEY, VP, PATIENT SVCS/CNO - EAST	(ii)	275,975	77,527	63,543	26,226	462,160	0
4	MATTHEW NOVAK	(i)	0	0	0	0	0	0
	FORMER PRESIDENT SJH SOUTH, PRESIDENT MEASE HOSPITALS	(ii)	305,302	91,279	34,937	83,992	543,757	0
5	LORRAINE SARGENT	(i)	0	0	0	0	0	0
	FORMER KEY, DIRECTOR IMAGING EAST REGION	(ii)	186,932	21,395	9,905	10,370	233,638	0
6	MICHAEL SMITH	(i)	0	0	0	0	0	0
	FORMER PRES SJH SOUTH, PRES ST. ANTHONY'S	(ii)	359,199	104,668	88,005	39,514	629,636	0
7	KIMBERLY GUY	(i)	0	0	0	0	0	0
	PRES SJH/SVP MARKET LEADER HILLSB	(ii)	515,880	213,463	46,406	38,278	939,229	0
8	THOMAS GARTHWAITE	(i)	0	0	0	0	0	0
	PRESIDENT SJH NORTH	(ii)	200,153	66,260	36,870	47,049	400,560	0
9	JENNIFER KOTWICKI	(i)	160,949	18,825	116	8,911	29,130	217,931
	DIRECTOR OPERATIONS - SJH	(ii)	0	0	0	0	0	0
10	PHILIP MINDEN	(i)	0	0	0	0	0	0
	PRES ST JOSEPH'S HOSP SOUTH	(ii)	286,057	86,704	36,811	52,165	476,939	0
11	SARAH NAUMOWICH	(i)	0	0	0	0	0	0
	PRES MP NORTH BAY/SJCH & SJWH	(ii)	269,815	87,070	14,917	66,991	472,278	0
12	JOHN ELIAS ALEJANDRO	(i)	180,485	20,351	4,360	10,213	7,220	222,628
	CLINICAL NURSE II	(ii)	0	0	0	0	0	0
13	JIMMY BAUMGARTNER	(i)	165,010	20,232	29,346	11,493	15,695	241,776
	DIRECTOR OPERATIONS - SJCH & SJWH	(ii)	0	0	0	0	0	0
14	LYDIA BOUTROS	(i)	267,013	2,300	9,869	10,827	7,386	297,395
	CLINICAL PHARMACIST	(ii)	0	0	0	0	0	0
15	MARK STONE	(i)	207,474	2,060	416	9,235	18,510	237,694
	CLINICAL PHARMACIST	(ii)	0	0	0	0	0	0
16	NANETTE WILCOX	(i)	188,075	21,997	10,406	10,807	33,718	265,002
	ADMIN DIR HEART INSTITUTE	(ii)	0	0	0	0	0	0

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2021

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization St Joseph's Hospital Inc

Employer identification number

59-0774199

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TIMOTHY SARGENT	FAMILY MEMBER OF LORRAINE SARGENT	92,862	TIMOTHY SARGENT IS A FAMILY MEMBER OF LORRAINE SARGENT, A FORMER KEY EMPLOYEE OF THE FILING ORGANIZATION. TIMOTHY SARGENT WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.		No
(2) DEBORAH MCFADDEN	FAMILY MEMBER OF DOUGLAS MCFADDEN	124,590	DEBORAH MCFADDEN IS A FAMILY MEMBER OF DOUGLAS MCFADDEN, A DIRECTOR OF THE FILING ORGANIZATION. DEBORAH MCFADDEN WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.		No
(3) RITA TEMPLETON	FAMILY MEMBER OF MICHAEL SMITH	188,562	RITA TEMPLETON IS A FAMILY MEMBER OF MICHAEL SMITH, A FORMER KEY EMPLOYEE OF THE FILING ORGANIZATION. RITA TEMPLETON WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990)**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 for the latest information.

2021**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
St Joseph's Hospital Inc

Employer identification number

59-0774199

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a Number in Box 3 of Form 1096	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. SUCH REPORTING ALIGNS THE FORM 1096, BOX 3 REPORTING TO THE ISSUING EIN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process for determining compensation	THE FILING ORGANIZATION DOES NOT DIRECTLY COMPENSATE SOME OF ITS TOP MANAGEMENT EMPLOYEES; RATHER COMPENSATION IS PAID BY A RELATED ORGANIZATION THAT FOLLOWS THE COMPENSATION POLICY OF THE INDEPENDENT COMPENSATION COMMITTEE, APPOINTED BY THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE'S PURPOSE IS TO PROVIDE OVERSIGHT FOR THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM, REVIEW AND APPROVE COMPENSATION AND BENEFITS FOR ALL "DISQUALIFIED PERSONS" SUBJECT TO THE INTERMEDIATE SANCTIONS REGULATIONS ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE (INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER & CHIEF FINANCIAL OFFICER, OTHER SYSTEM AND ENTITY EXECUTIVES, AND OTHER DISQUALIFIED PERSONS AS DEFINED IN THE INTERMEDIATE SANCTIONS REGULATIONS; I.E., VOTING MEMBERS OF THE GOVERNING BODY, FAMILY MEMBERS, FORMER OFFICERS), AND ESTABLISH THE COMPENSATION PHILOSOPHY FOR ALL OTHER EXECUTIVES. THIS COMMITTEE ENGAGES NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS TO ASSIST THEM IN REVIEW OF EXECUTIVE COMPENSATION. THE COMPENSATION CONSULTANTS PROVIDE A REVIEW OF EACH VICE PRESIDENT AND ABOVE IN THE SYSTEM TO DETERMINE IF THAT EMPLOYEE'S COMPENSATION IS REASONABLE WHEN COMPARED AGAINST MARKET STANDARDS. THE DATA REVIEWED COMES FROM COMPENSATION STUDIES THAT INCLUDE COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE ORGANIZATION KEEPS CONTEMPORANEOUS MINUTES OF THE COMPENSATION COMMITTEE MEETINGS AND DECISIONS. EXTERNAL CONSULTANTS REVIEW COMPENSATION EVERY OTHER YEAR, THE LAST REVIEW OCCURRING IN 2021, BUT THE COMPENSATION COMMITTEE REGULARLY MONITORS COMPENSATION AND ALL OTHER PROCEDURES ARE FOLLOWED ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for determining compensation	SEE NARRATIVE FOR PART VI, LINE 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The organization has committees with authority to make decisions and/or act in regard to specific matters. The composition and scope of authority for any such committees are described in the organization's governing documents.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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, Line 7a Members or stockholders electing members of governing body	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, Line 7b Decisions requiring approval by members or stockholders	<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, I NC. IS RESPONSIBLE FOR THE OPERATIONS OF THE PARTICIPANTS. THE JOA PARTICIPANTS INCLUDE TH E TAXPAYER AND OTHER HOSPITALS AND NON-HOSPITAL ORGANIZATIONS. NOTICE OF THE JOA WAS PREVI OUSLY PROVIDED TO THE INTERNAL REVENUE SERVICE BY LETTER DATED JULY 1, 1997. TRINITY HEALT H SHALL RESERVE TO ITSELF IN ITS CAPACITY AS THE CORPORATE MEMBER OF THE CORPORATION THE F OLLOWING TWO CATEGORIES OF ACTIONS: CLASS I MEMBER RESERVED RIGHTS AND CLASS II MEMBER RES ERVED RIGHTS. A. CLASS I MEMBER RESERVED RIGHTS. 1. ADDITION, DELETION OR RECONFIGURATION OF SERVICES OF THE CORPORATION. 2. ESTABLISHMENT OF OVERALL CAPITAL AND OPERATING BUDGETS AND STRATEGIC PLANS APPLICABLE TO THE CORPORATION, INCLUDING THE USE OF THE FUNDS OF THE C ORPORATION. 3. EXCLUSIVE AUTHORITY TO ENTER INTO MANAGED CARE CONTRACTS ON BEHALF OF THE C ORPORATION. 4. APPROVAL OF CONTRACTS ON BEHALF OF THE CORPORATION (BUT THE CLASS I MEMBER MAY ESTABLISH POLICIES FROM TIME TO TIME PROVIDING THAT ONLY SPECIFIC TYPES OF CONTRACTS O R CONTRACTS INVOLVING OBLIGATIONS IN EXCESS OF SPECIFIED LEVELS NEED TO BE APPROVED BY THE CLASS I MEMBER). 5. AUTHORITY TO ESTABLISH FEES AND CHARGES ON BEHALF OF THE CORPORATION. 6. DETERMINATION OF WHETHER THE CORPORATION SHOULD JOIN ANY NETWORKS OR ALTERNATIVE OR IN TEGRATED DELIVERY SYSTEMS. 7. ESTABLISHMENT OF EMPLOYMENT AND OTHER POLICIES APPLICABLE TO ALL PERSONNEL EMPLOYED BY THE CORPORATION. 8. APPROVAL OF THE PHILOSOPHY, MISSION STATEME NT AND PURPOSES OF THE CORPORATION. 9. APPROVAL OF CHANGES IN THE ARTICLES OF INCORPORATIO N OR IN THE BYLAWS OF THE CORPORATION. 10. APPROVAL OF THE MERGER, CONSOLIDATION, DISSOLUT ION, SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS OF THE CORPORATION, OR OTHER CHANG E IN CORPORATE FORM, CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION. 11. APPROVAL OF THE INCURRENCE OF INDEBTEDNESS BY THE CORPORATION ABOVE CERTAIN LIMITS ESTABLISHED BY THE CLASS I MEMBER. 12. APPROVAL OF THE ESTABLISHMENT OF ADDITIONAL AFFILIATES OR SUBSIDIA RIES OF THE CORPORATION. 13. ADOPTION OF STRATEGIC PLANS OR MAJOR CHANGES IN PROGRAMS OR S ERVICES OF THE CORPORATION. 14. APPROVAL OF THE PURCHASE, SALE, TRANSFER, OR OTHER ENCUMBR ANCE OF ASSETS OF THE CORPORATION ABOVE SPECIFIED LEVELS ESTABLISHED BY THE CLASS I MEMBER . B. CLASS II MEMBER RESERVED RIGHTS. 1. APPROVAL OF THE PHILOSOPHY, MISSION STATEMENT AND PURPOSES OF THE CORPORATION. 2. APPROVAL OF THE MERGER, CONSOLIDATION, DISSOLUTION, SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL ASSETS OF THE CORPORATION, OR OTHER CHANGE IN CORPO RATE FORM, CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION. 3. APPROVAL OF THE CLO SURE OF A HOSPITAL FACILITY OF THE CORPORATION. 4. APPROVAL OF ANY SALE, LONG TERM LEASE, MORTGAGE, ENCUMBRANCE OR DISPOSITION OF PROPERTY OF THE CORPORATION CONSTITUTING AN 'ALIEN ATION' UNDER PRINCIPLES OF CAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ON 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 THE BYLAWS PROVIDED THAT PRIOR NOTICE OF ANY CHANGE IN THE ARTICLES OF INCORPORATION OF THE CORPORATION OR THE 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).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	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 is made available to the entire Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<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 INTEREST. 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 ITEMS 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 MEMBER 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 ACTUA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	L OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTER EST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOA RD/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 R ELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY AL TERNATIVES 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 REQUESTED BY THE CHAIRPERSON), EXCLUSION FROM VOTING AND PARTICIPATION IN DISCUSSIONS, AN D THE EXISTENCE OF A PROPER QUORUM. FOR EMPLOYEES, THE REVIEW OF CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS GOES TO THE CONFLICT OF INTEREST DETERMINATION COMMITTEE. THIS COMMITT EE CONSISTS OF THE BAYCARE CHIEF COMPLIANCE OFFICER, THE CORPORATE RESPONSIBILITY OFFICERS , AND THE BAYCARE VICE PRESIDENT OF TEAM RESOURCES. THIS COMMITTEE SHALL DETERMINE IF AN A CTUAL CONFLICT EXISTS AND ANY ACTION REQUIRED TO ADDRESS THE CONFLICT OF INTEREST SITUATIO N.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ITS AFFILIATE, BAYCARE HEALTH SYSTEM, INC. THE CONSOLIDATED FINANCIAL STATEMENTS OF BAYCARE HEALTH SYSTEM, INC. ARE AVAILABLE THROUGH EMMA FOR BOND INVESTORS. THE ORGANIZATION'S ARTICLES OF INCORPORATION AND AMENDMENTS THERETO ARE MADE AVAILABLE TO THE PUBLIC BY THE FILING OF THOSE DOCUMENTS WITH THE FLORIDA DEPARTMENT OF STATE AND CAN BE LOCATED AT SUNBIZ.ORG. THE ORGANIZATION'S OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN MINIMUM PENSION OBLIGATION - -3997766; CONTRIBUTIONS IN NET ASSETS - -2517903; BOND ISSUANCE INTEREST ALLOCATION - 657660; GAIN ON PENSION ASSETS - 1960756;

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
St Joseph's Hospital Inc

Employer identification number

59-0774199

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CARILLON SURG CNTR 900 CARILLON ST PETE, FL 337161121 26-1116740	HEALTH SRVC	FL	NA	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
(1) HEALTHPOINT MEDICAL GROUP INC 2985 DREW STREET CLEARWATER, FL 33759 59-3244268	PHYSICIAN GRO	FL	NA	C Corporation					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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.

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Software ID: 21014044
Software Version: 2021v4.2
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 337593012 59-2796965	SUPPORT SRVCS	FL	501(c)(3)	Type I	NA		No
3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 336076307 59-2822519	SUPPORTS SJH	FL	501(c)(3)	Type II	SJHCC		No
4100 FLETCHER AVE TAMPA, FL 336134864 58-1377711	RETIRE CMMNTY	FL	501(c)(3)	10	SJHCC		No
301 N ALEXANDER STREET PLANT CITY, FL 335634303 59-0594631	MEDICAL SRVCS	FL	501(c)(3)	3	NA		No
3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 336076307 59-2018848	REAL ESTATE	FL	501(c)(3)	10	SJHCC		No
3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 336076307 59-3152608	MEDICAL ASST	FL	501(c)(3)	10	SJHCC		No
3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 336076307 59-2822516	HEALTH INVEST	FL	501(c)(3)	Type II	SJHCC		No
3001 W DR MARTIN LUTHER KING TAMPA, FL 336076307 59-2593686	SUPPORT SRVCS	FL	501(c)(3)	Type II	Trinity		No
3001 W DR MARTIN LUTHER KING TAMPA, FL 336076307 59-2131207	SUPPORTS SJH	FL	501(c)(3)	Type III-FI	NA		No
3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 336076307 59-1100828	FUNDRAISING	FL	501(c)(3)	Type III-FI	SJHCC		No
20555 Victor Parkway Livonia, MI 48152 35-1443425	health care system management	IN	501(c)(3)	Type II	NA		No