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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	rthe 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9		•					
3 Ch	eck ıf ap	plicable	Please	C Name of organization St John's Foundation for Community Hea	alth		D Employer ide	entification number					
- Add	dress ch	ange	use IRS label or	,			32-019581						
— Nai	me char	nge	print or	Doing Business As			E Telephone nu	ımper					
— _{Init}	tal retur	'n	type. See Specific	Number and street (or P O box if mail is	not delivered to street addre	ss) Room/suite	(417) 820-						
– Ter	minatio	n	Instruc- tions.	1235 E Cherokee	as sied to street dutie	,som, suite	G Gross receipt	ts \$ 2,212,365					
_	ended r			City or town, state or country, and ZIP +	- 4								
_		pending		Springfield, MO 65804									
ጥዘ	- madoll	penanty	F N			l							
				ne and address of Principal Officer Reynolds		H(a) Is the affilia	s a group return	for					
				Cherokee		aiiiiia	ies.	, 165 J 110					
- Та		nt status		ield, MO 65804	_	H(b) Are all	affiliates include	ed?					
Га	x-exem	pt status	J ♥ 501(c) (3) ◀ (insert no)	527	1 '	•	See instructions)					
ı w	eb site	e: ► n/a				H(c) Grou	p Exemption Nu	mber ► 0928					
€ Тур	e of org	anızatıon	▽ Corporat	ion		L Year of Fo	mation 2007 M	State of legal domicile					
Pa	rt T	Sum	marv										
				e organization's mission or most sig	nıfıcant actıvıtıes								
Governance		MINIST IN A PE COMM	TRY OF TH ERSONALI UNITIES W	MENT FOR ST JOHN'S HEALTH SY E CHURCH, OUR MISSION IS TO I ZED CHRISTIAN ENVIRONMENT /E SERVE, WITH PARTICULAR CO If the organization discontinued its o	PROVIDE HIGH QUALI WE SEEK TO IMPROVE NCERN FOR PEOPLE W	TY, COMPAS THE HEALT HO ARE ECO	SIONATE HEA H AND QUALIT NOMICALLY P	LTH CARE SERVICES Y OF LIFE OF OOR					
3			,	-									
ø			-	nembers of the governing body (Part				<u>16</u> 8					
Acumues			· ·	ident voting members of the governi))	_						
Ĕ				nployees (Part V, line 2a)			5 _						
រុ វ				olunteers (estimate if necessary) .		6 _							
•				ted business revenue from Part VIII	•	_							
	ь	Net unr	elated busi	ness taxable income from Form 990	0-1, line 34		7b	0					
						Prio	r Year	Current Year					
o o	8			d grants (Part VIII, line 1h)		2,124,735	2,230,579						
eun	9	_		revenue (Part VIII, line 2g)				0					
Revenue	10			ne (Part VIII, column (A), lines 3, 4				0					
_	11		-	art VIII, column (A), lines 5, 6d, 8c		54,436	-18,214						
	12	10taii 12)	revenue—a	dd lines 8 through 11 (must equal P	art VIII, column (A), iin	e	2,179,171	2,212,365					
	13	Grants	and simila	ar amounts paid (Part IX, column (A), lınes 1–3)			0					
	14	Benefi	ts paid to c	or for members (Part IX, column (A),	line 4)			0					
co.	15		es, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines !	5-	303.505	100.610					
Expenses		10)					383,505	409,648					
₹	16a			raising fees (Part IX, column (A), lir				0					
ठ	Ь	•	-	penses, Part IX, column (D), line 25 <u>324,460</u>	,								
	17		-	(Part IX, column (A), lines 11a–11d	•		2,088,341	2,005,555					
	18			add lines 13–17 (must equal Part I			2,471,846	2,415,203					
. 07	19	Reven	ue less exp	penses Subtract line 18 from line 12	2		-292,675	-202,838					
පිදු ගෙන						Beginni	ng of Year	End of Year					
,	20	Total	assets (Pai	rt X, line 16)			20,070,951	17,285,892					
net Assets of Fund Bafances	21	Total I	ıabılıtıes (f	Part X, line 26)				0					
₽.E	22	Netas	sets or fun	d balances Subtract line 21 from lir	ne 20		20,070,951	17,285,892					
Pai	rt II	Sign	ature Bl	ock									
				erjury, I declare that I have examined this recorrect, and complete Declaration of prepar									
Plea	se	****	,	. ,	, , , , , , , , , , , , , , , , , , , ,	1	05-17	. ,					
Sign		Sign	ature of office	er		Date	00 17						
Here	e 		WN HARRIS \ e or print nam										
Paid		Preparer signature				Check if self-	(See Gen Inst)						
	arer's	Firm's n	ame (or your	- h		empolyed 🕨 🦵	<u>eu </u>						
Jse (ıf self-er	nployed),	`)			EIN Þ						
	-··· y	address,	and ZIP + 4	•			Phone no 🕨						
							FIIOTIE IIO						
1-4	tha TD	e dicens	c thic retu	rn with the preparer shown above? (Saa instructions)			L vas L Na					

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization	's mission					
	Mission Statement for St John's compassionate health care servi concern for people who are eco	ices in a personalized Chr					
2	Did the organization unde	ertake any significant	program se	rvices during the year v	which were not listed on		
	the prior Form 990 or 99	0-EZ?				┌ Yes ┌ No	
	If "Yes," describe these r	new services on Sche	dule O				
3	Did the organization ceas			changes in how it cond	lucts any program · · · · · ·	┌ Yes ┌ No	
	If "Yes," describe these o	hanges on Schedule	0				
4) organizations and 4	1947(a)(1) t	rusts are required to re	argest program services t port the amount of grants d		to
4a	(Code) (Expenses \$	1,982,590	ıncludıng grants of \$) (Revenue \$)
	and its subsidiaries provide hi	igh-quality, compassionat rices to the communities v	e, faith-based l we serve, with	health care in a variety of tr particular concern for the eco	is subsidiary of St John's Healtl aditional medical settings This o onomically poor, in the way of i	organization, as par	t of St John's
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Sched	ule O)				
	(Expenses \$	ınclud	ing grants of	\$) (Revenue \$)	
4e	Total program service e	xpenses \$	1,982,590) Must equal Part IX, i	Line 25, column (B).		

Part IV	Check	dist of	Required	Schedules
	CIICCE		NC dull Cd	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	1				
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
	gaming (gambling) winnings to prize winners?	; .		1c		N o
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this		0			
h	return					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ing the	year covered by this	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So	hedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Financial Accounts</i> .	Report c	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time du	rıng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibite	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Enti	ty Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty fo	which it was required to	_		
	file Form 8282?	 		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per		enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization			_		
	required?			7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them)	-				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	16
b	Enter the number of voting members that are independent	1b	8

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

	other officer, director, trustee, or key employee?	
3	Did the organization delegate control over management duties customarily performed by or under the direct	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	

Did the organization make any significant changes to its organizational documents since the prior Form 990 was
filed?

Did the organization become aware during the year of a	mat	erıa	ıl dıv	ers/	ıon	of th	ne o	rga	nıza	tıor	ı's a	ısse	ts?	•	
Does the organization have members or stockholders?											•				-

Does the organi	zatı	on	hav	e	men	nbei	rs,	sto	ck	hol	der	s, o	r ot	her	per	sons	wh	o may	/ ele	ctc	ne	or	mor	e r	men	nber	s of th	ıe
governing body?	•					•	٠				•				•				•				•		•			

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	Did the digamization contemporaneously document the meetings held of written actions andertaken during the
	year by the following
2	the governing hody?

b	each committee with authority to act on behalf of the governing body?						
1	Does the organization have local chapters, branches, or affiliates? .						

b	If "Yes," does the organization have written policies and procedures governing the activities of su	ıc h	cha	pter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•		•	•

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All	orga	anıza	ition	15
must describe in Schedule O the process, if any, the organization uses to review the Form 990		•	٠	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be	rea	achec	1 at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

8a	Yes	
8b	Yes	
9a	Yes	
9b	Yes	
10		Νο
		N -

Yes

Yes

Yes

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website. I upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Scott Reynolds VP of Finance

1235 E Cherokee

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(ition that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	org	Estima nount o ompens from t ganizati relate organiza	other ation he on and
1b		<u> </u>		<u> </u>	_			 		4,384,44	19	:	.,008,336
2													
	compensation from the organization	► 0					c thai	1 \$ 1	oo,ooo iii reportab	ie			
	compensation from the organization	- 0						1 \$ 1	oo,ooo m reportab			Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu	officer, direc				ey e	employ	/ee,	or highest compens		3	Yes	No No
3 4	Did the organization list any former on line 1a? <i>If</i> " <i>Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	officer, direc <i>le J for such</i> s the sum of	<i>individi</i> reporta	<i>ial</i> . ble c	omp	ey e	employ ation	∕ee, • and	or highest compens	sated employee • • •			
	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directive states of the sum of the sum of the greater the sum of the	reporta nan \$15	ble c	omp 0?.	ey e	ation	ee, • and omp	or highest compens other compensation lete Schedule J for su	sated employee from the	3 4	Yes Yes	
4	Did the organization list any former on line 1a? <i>If</i> " <i>Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	officer, directed for such as the sum of the	reportanan \$15	ble conso	omp 0?.	ey e ens f "} •	employ ation 'es," co	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services			
4 5	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization individual	officer, direct le J for such the sum of ns greater th the sum of control of the sum elive or accrust, "complete s	reportanan \$15	ble conso	omp 0?.	ey e ens f "} •	employ ation 'es," co	ee, and omp	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services	4		N o
4 5	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 e e e e e e e e e e e e e e e e e e e	ble c 0,00 ensa	omp 07.	ey e ens [f ") fro	employ ation 'es," co many erson	and unro	or highest compens other compensation lete Schedule J for su elated organization	sated employee n from the nch for services	4		N o
4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 07.	ey e ens [f ") fro	employ ation 'es," co many erson	and unro	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee n from the nch for services	4		No
4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15 ue comp Schedule	ble c 0,00 ensa	omp 07.	ey e ens [f ") fro	employ ation 'es," co many erson	and unro	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee from the for services fe than	4	Yes (C	No
4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	reportanan \$15	ble c 0,00 ensa	omp 07.	ey e ens [f ") fro	employ ation 'es," co many erson	and unro	or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee from the for services fe than	4	Yes (C	No

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
20 20	1a	Federated camp	paigns 1a					314
渡	ь	Membership du	es .1b					
g≝	c	Fundraising eve	ents 1c					
£	d	Related organiz	ations 1d					
% E	e	Government grants	s (contributions) 1e					
<u>.</u>	f		ons, gifts, grants, and 1f	2,230,579				
돌	_	similar amounts no	t included above butions included in					
	g		Dutions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f)		2,230,579			
				Business Code				
JE .	2a							
£8. ₹	ь							
90	c							
Š b	d							
త =	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
<u>*</u>	g	Total. Add lines	2a-2f	\$				
	3	Investment inc	ome (including dividen	ds, interest				
			nounts)					
	4		tment of tax-exempt bond					
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	′"	from sales of assets other						
		than inventory						
	Ь	Less cost or other basis and						
	_c	sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
	8a	Gross income f						
		events (not inc	luding					
o		\$ of contributions	reported on line 1c)					
둤		See Part IV, lin	e 18 G If total exceeds					
ě			a					
Γ.	ь	Less direct ex	penses b					
Other Revenue	c	Net income or (loss) from fundraising	events ►				
Ò	9a		rom gaming activities					
		See part IV , lin Complete Schedi	e 19 ule G if total exceeds					
		\$15,000						
			a					
	b c		penses b loss) from gamıng actı					
		Gross sales of	inventory, less	VICIOS I I I				
		returns and allo	owances . a					
	ь	Less cost of go	oods sold b					
	С	Net income or (loss) from sales of inve	entory 🕨				
		Miscellaneous	Revenue	Business Code				
	11a	Other Investme	ent Losse		-18,214	-18,214		
	Ь							
	c							
	d	All other revenu	ne					<u> </u>
	e	Total. Add lines	11a-11d					
	12	Total Revenue	Add lines 1h, 2g, 3, 4,	\$ -18,214 5, 6d, 7d, 8c,	2,212,365	-18,214	0	0
		9c, 10c, and 11	le	=, 5 a, , a, 5 c,		,		1

Part IX Statement of Functional Expenses

	all other organizations must complete column (A) but are not renot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations	Total expenses	expenses	general expenses	expenses
	in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	337,611			253,208
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	72,037		18,009	54,028
LO	Payroll taxes				
l1	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
.3	Office expenses	22,965		5,741	17,224
4	Information technology				
.5	Royalties				
L 6	Occupancy				
.7	Travel				
. 8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
L 9	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Direct Public Support	1,982,590	1,982,590		
b					
c					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,415,203	1,982,590	108,153	324,460
26	Joint Costs. Check If following SOP 98-2 Complete this				
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

				(A)		(B)
	ı			Beginning of year		End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,758,051	3	1,666,666
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key other related parties <i>Complete Part II of Schedule L</i>	employees or •		5	
	6	Receivables from other disqualified persons (as defined under section persons described in section 4958(c)(3)(B) Complete Part II of Sched			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
2	9	Prepaid expenses and deferred charges			9	
Assets	10a	Land, buildings, and equipment cost basis	. l			
⋖		<u> </u>)a			
	ь	Less accumulated depreciation Complete Part VI of Schedule D	оь		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII Schedule D	of	17,837,900	12	15,144,226
	13	Investments—program-related See Part IV, line 11 Complete Part VI of Schedule D.		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		475,000		475,000
		D	5,555	15	0,000	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		20,070,951	16	17,285,892
	17	Accounts payable and accrued expenses .		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
_	20	Tax-exempt bond liabilities			20	
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D	-		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
- 6		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete I	ines 27			
9		through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets		585,137	27	298,438
<u> </u>	28	Temporarily restricted net assets		4,578,475	28	4,013,293
Ξ	29	Permanently restricted net assets		14,907,339	29	12,974,161
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and combines 30 through 34.	plete			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
AS	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		20,070,951	33	17,285,892
Z	34	Total liabilities and net assets/fund balances		20,070,951	34	17,285,892
	1					
Pa	rt XI	Financial Statements and Reporting				

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
			165	140
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
ь	If "Yes," did the organization undergo the required audit or audits?	3b	·	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

2008

Open to Public Inspection

	lame of the organization It John's Foundation for Community Health		Employer identification number							
		32-01	95818							
Pa	rt I	Reason for Public Charity Status (to be completed by all organizations) (See Ins	structions)							
The	organı	zation is not a private foundation because it is (Please check only one organization)								
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).							
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	\sqcap	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii).	(Attach Schedule H)						
4	Г	A medical research organization operated in conjunction with a hospital described in Section 170((b)(1)(A)(iii). Ente	r the						
		hospital's name, city, and state								
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a government	nental unit describe	d in						
		Section 170(b)(1)(A)(iv). (Complete Part II)								
6	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).								
7	\sqcap	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	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)								
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, n	ives (1) more than 331/3% of its support from contributions, membership fees, and gross							
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no	more than 331/3%	of						
		its support from gross investment income and unrelated business taxable income (less section 5	11 tax) from busın	esses						
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)								
10		An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instruction	ıs)						
11	✓	An organization organized and operated exclusively for the benefit of, to perform the functions of, one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2 the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b 7 Type II c Type III - Functionally Integrated		a)(3).	Chec					
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one other than foundation managers and other than one or more publicly supported organizations descretion 509(a)(2)	•							
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Ty check this box	pe III supporting o	rganız	ation,					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?								
		(i) a person who directly or indirectly controls, either alone or together with persons described in	(II) <u> </u>	Yes	No					
		and (III) below, the governing body of the the supported organization?	11g(i)		Νo					
		(ii) a family member of a person described in (i) above?	11g(ii)		Νo					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		Νo					
h		Provide the following information about the organizations the organization supports								

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document?		v) Did you notify the organization n col (i) of your support?		organization in col (i) organized		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No		
St John's Regional Health Center	440552485	3		No		No	Yes		2467089	
Total									2,467,089	

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

ternal	Revenue Service			Inspec	1011
	ne of the organization hn's Foundation for Community Health		Employer identifi	cation numbe	er
			32-0195818		
Pa	rt I Organizations Maintaining Donor A		unds or Accoun	ts. Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	I other accou	nts
	Total number at end of year	(a) Bollot davised lands	(b) runus unu	Tother accou	1103
- <u>:</u>	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
ļ	Aggregate value at end of year				
;	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	3	or advised	☐ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other		┌ Yes	∏ No
Pai	t II Conservation Easements. Complete		o Form 990, Part	IV, line 7.	
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure) Preservation of an Preservation of ce	n historically importa ertified historic struc	ture	a
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form		asement at the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	.s	2b		
c	Number of conservation easements on a certified hi		2c		
d	Number of conservation easements included in (c) a	• •	2d		
3	Number of conservation easements modified, transfe	•	d by the organization	n durina	
	the taxable year 🕨		,g	y	
ļ	Number of states where property subject to conserva	ation easement is located 🟲			
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	☐ Yes	Г No
•	Staff or volunteer hours devoted to monitoring, inspe				
,	A mount of expenses incurred in monitoring, inspecti		·		
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
)	In Part XIV, describe how the organization reports constants sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	•	•	
ar	Organizations Maintaining Collection Complete if the organization answered		or Other Simila	r Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	ch in furtherance of p		е,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i			
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, hist following amounts required to be reported under SFA			vide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		
ь	Assets included in Form 990, Part X		►\$		
	a company		7		

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	-	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other Various	15,144,226		C
Total (Column (h) chould equal Form 000, Part V, col (P) Inc. 12.)	15,144,226		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	15,144,226		
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
		Cost of cha of	year market varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<u></u>	
Part X Other Liabilities. See Form 990, Part	T	I	
(a) Description of Liability	(b) A mount	1	
Federal Income Taxes			
		-	
		-	
		-	
		-	
		-	
		-	
		1	
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1	1	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,212,365
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,415,203
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-202,838
4	Net unrealized gains (losses) on investments	4	-2,850,351
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	268,130
9	Total adjustments (net) Add lines 4 - 8	9	-2,582,221
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,785,059
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,353,168
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	140,803
3	Subtract line 2e from line 1	3	2,212,365
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,212,365
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	2,597,374
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	102 171
e o	Add lines 2a through 2d	2e 3	182,171
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,415,203
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,415,203
_	Total expenses And times and tell (1113 Should equal form 550, 1 are 1, 111 e 1 o)		1 2,715,205

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part XI, Line 8 - Other Adjustments		Transfers to/from Affiliates 268130
Part XII, Line 2d - Other Adjustments		Related organizations included on separate Form 990 140803
Part XIII, Line 2d - Other Adjustments		Related organizations included on separate Form 990 182171

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DLN: 93493137051510

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

St John's Foundation for Community Health

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

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection **Employer identification number**

			32-0195818			
Pa	rt I Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided by Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		y			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant Form 990 of other organizations	<u> </u>	Compensation survey or study Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	2 art 1/ []	I Section A line 1a			
	Receive a severance payment or change of control p			4a		No
	Participate in, or receive payment from, a supplemen	•		4b		No
	. , , , , , , , , , , , , , , , , , , ,			46 4c		No
С	Participate in, or receive payment from, an equity-ba If "Yes" to any of lines 4a-c, list the persons and pro		-	40		NO
	501(c)(3) and 501(c)(4) organizations only must co	mnlete	lines 5-8			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred (D) Nontaxable (E) Total of columns (F) Compensation				
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Walt Gaska	(ı) (ıı)	452,970	91,573	38,008	151,605	10,870	745,026	264,030	
Bernard Griesemer MD	(ı) (ıı)	388,610	11,375	37,290	37,152	10,952	485,379	224,847	
Ann Meuser	(ı) (ıı)	116,512	37,330	20,617	15,015	6,706	196,180	67,490	
Dominic Meldi MD	(ı) (ıı)	321,776	39,237	30,365	30,548	11,112	433,038	180,221	
Richard Seagrave MD	(ı) (ıı)	523,319	16,346	24,778	30,730	11,093	606,266	302,736	
Kım Day	(ı) (ıı)	480,453	180,740	26,991	353,935	14,610	1,056,729	248,369	
Fred McQueary	(1) (11)	639,110	71,821	40,278	24,429	11,093	786,731	318,122	
Mike Peters	(ı) (ıı)	119,726	38,475	15,464	42,878	12,225	228,768	67,295	
Jon Swope	(ı) (ıı)	355,048	100,688	20,664	204,569	14,324	695,293	184,121	
Sallie Hazelrigg	(ı) (ıı)	110,931	24,636	9,318	3,078	11,412	159,375	60,730	
	(i) (ii)								
	(i) (ii)								
	(i) (ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanat ion
Supplemental Information	Part III	Note on Schedule J, Part I, Line 3 The filing organization relied upon its parent organization, Sisters of Mercy Health System, to administer the following procedures to establish the compensation of the organizations CEO/Executive Director compensation committee, independent compensation consultant, compensation survey or study and approval by the board or compensation committee

Software ID: Software Version:

EIN: 32-0195818

Name: St John's Foundation for Community Health

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

- Orini 330/ Schicache 3/ 1 c	<u></u>	11 Officers, Bire	ctors, rrastees, it	27 2p.o., 000, 0o	g	20100 200 p10 y 000		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Walt Gaska	(I) (II)		91,573	38,008	151,605	10,870	745,026	264,030
Bernard Griesemer MD	(I) (II)		11,375	37,290	37,152	10,952	485,379	224,847
Ann Meuser	(I) (II)	:	2 37,330	20,617	15,015	6,706	196,180	67,490
Dominic Meldi MD	(I) (II)	:	39,237	30,365	30,548	11,112	433,038	180,221
Richard Seagrave MD	(I) (II)	. = = = =	16,346	5 24,778	30,730	11,093	606,266	302,736
Kım Day	(ı) (ıı)	100 450	180,740	26,991	353,935	14,610	1,056,729	248,369
Fred McQueary	(I) (II)	:	71,821	1 40,278	24,429	11,093	786,731	318,122
Mike Peters	(I) (II)	:	38,475	15,464	42,878	12,225	228,768	67,295
Jon Swope	(I) (II)		100,688	20,664	204,569	14,324	695,293	184,121
Sallie Hazelrigg	(I) (II)		24,636	9,318	3,078	11,412	159,375	60,730

DLN: 93493137051510

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Name of the organization St John's Foundation for Community Health

Employer identification number

32-0195818

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		As stated in the St John's Health System audit report, Sisters of Mercy Health System is the sole corporate member of the Health System and provides centralized governance and management

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Board members are selected at the discretion of the sole corporate member, St Johns Health System As stated in the St John's Health System audit report, Sisters of Mercy Health System (St Louis, MO) is the sole corporate member of St Johns Health System and provides centralized governance and management for all subsidiary entities

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		As stated in the St John's Health System audit report, Sisters of Mercy Health System (St Louis, MO) is the sole corporate member of St Johns Health System and provides centralized governance and management for all subsidiary entities

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 was reviewed in detail by members of the organization's tax compliance team. Members of this team are from various departments including finance, legal and human resources. St. John's Health System and the Sisters of Mercy Health System review annual compensation based on detailed market surveys for its cow orkers and physicians to make sure it provides reasonable compensation at fair market value. The physician compensation plan is also reviewed by the St. John's Health System Board of Directors annually. The St. John's Health System 990 tax return was provided to the St. John's Health System board executive committee prior to submission to the IRS.

ldentifier	Return Reference	Explanation
		Taken directly from St John's Health System's Conflict of Interest Policy. The purpose of the Conflict of Interest Policy is to protect the interests of St. John's Health System, Inc. and all of its subsidiary corporations.
Form 990,		(collectively referred to as "SJHS") when it is contemplating entering into a transaction or arrangement that might
Part VI,		benefit the private interest of a co-worker, a member of management or Board member of SJHS. The President of
Section B,		each corporation and sub-division shall be responsible for administering the annual statements of disclosure for
line 12c		their Board members and executive leadership team. The SJHS Vice-President of Human Resources or his/her
		designee shall be responsible for administering annual statements of disclosure for System Senior Management
		and Administrative Council

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		For those classified as officers (and thus Disqualified Persons), the organization uses the following to establish the compensation external market salary surveys, external market salary studies, engagement of an independent compensation consultant, and review/approval of compensation by the Executive Compensation Committee of the Board For those classified as key employees, the organization uses the following to establish the compensation external market salary surveys, external market salary studies, and review/approval of executive management

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The IRS Form 990 for all St John's Health System entities, containing financial information and that of the organization's governing policies, is available upon request

ldentifier	Return Reference	Explanation
Form 990, Part V, Line 1a	Employee Count	This organization has a common paymaster arrangement with St John's Regional Health Center (EIN 44-0552485) and the employee count is included on the St John's Regional Health Center 990

ldentifier	Return Reference	Explanation
Part VII, Section A	Average Hours per Week	Average hours per week devoted to St John's Health System and its subsidiaries is determined to be 40 0 for employee board members and 1 0 for non-employee board members, unless stated otherwise

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Statement re Audit Committee / Oversight Process	The organization's financial statements are audited by an independent accountant as part of an overall audit of the parent organization, St John's Health System (EIN 43-1856028), and all its subsidiaries. As part of the audit oversight process, the parent organization, St John's Health System assumes responsibility for the audit process.

ldentifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Lines 1 & 2	Schedule R, Name of Other Organizations	Breech Regional Medical Center (EIN 43-1767432) Carroll Health Foundation (EIN 71-0759301) The Sister M Cornelia Blasko Foundation, Inc (EIN 43-1873914) St John's Aurora, Inc (EIN 43-1936696) Ozarks Regions Health Systems Inc (EIN 71-0759299) St Francis Hospital, Mountain View, Missouri (EIN 44-0607149) St John's Cassville, Inc (EIN 43-1936699) St John's Medical Research Institute, Inc (EIN 87-0796305) St John's Health System, Inc (EIN 43-1856028) St John's Regional Health Center (EIN 44-0552485) St John's Clinic Inc (EIN 43-1560263)

ldentifier	Return Reference	Explanation
Form 990, Schedule R, Part V	Schedule R Approach	LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC. AND SUBSIDIARIES. THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES. WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON. DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P.

Identifier	Return Reference	Explanation
Form 990	Organization Relationship and Governance Statement	This Organization is a subsidiary of St. Johns Health System (EIN 43-1856028), a separate 501(c)(3) organization. Certain core business functions and processes are provided by the parent organization, as well as management and oversight of the organization.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization St John's Foundation for Community Health				Employer identification 32-0195818	cation number
Part I Identification of Disregarded Entities				32-0193818	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income Er	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organ	izations			1	
(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
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat No 5013	5Y		Schedule R (Form 990) 200

(A) Name, address, and EIN of related organization	Prim	(B) Pary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

Part V	Transactions with Related Organizations
--------	--

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No
LC	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	n Sharing of facilities, equipment, mailing lists, or other assets	1m	•	No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10	Yes	s
p	Reimbursement paid by other organization for expenses	1 p	Yes	5
q	Other transfer of cash or property to other organization(s)	1 q		No
r	O ther transfer of cash or property from other organization(s)	1r		No

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	(1) Refer to Schedule O for name of other organizations	0	2,932,436
(2)	(2) Refer to Schedule O for name of other organizations	Р	3,882,637
(3)	(3) MHM Support Services	С	100,000
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					

Additional Data

St Mary-Rogers Memorial Hospital Inc

Mercy Health System of Northwest Arkansas Inc

2710 Rife Medical Lane

2710 Rife Medical Drive

2710 Rife Medical Lane

Advance Care Hospital

300 Werner St 3rd Floor

Hot Springs, AR71913

St Joseph's Mercy Health System Inc

St Joseph's Mercy Health Foundation

71-0816634

26-1125064

71-0804718

1 Mercy Lane

26-1125131

71-0236913

13-4239691

300 Werner Street

300 Werner Street

Hot Springs, AR71913

Mission Clinical Services

Hot Springs, AR71913

7301 Rogers Avenue

Fort Smith, AR72917 26-1318515

7301 Rogers Avenue

Fort Smith, AR72917

7301 Rogers Avenue

Fort Smith, AR72917 71-0240352

801 W River Street

Ozark, AR72949

500 E Academy

Paris, AR72855 71-0655753

1341 W 6th Street

Waldron, AR72958 71-0557895

401 Woodland Hills Blvd

Independence, KS67301

401 Woodland Hills Blvd

Chesterfield, MO63017

Chesterfield, MO63017

Chesterfield, MO63017

MHM Support Services

Chesterfield, MO63017

Chesterfield, MO63017

Chesterfield, MO63017

Mercy Hospital of Laredo

Chesterfield, MO63017

Chesterfield, MO63017

1602 McClelland Street

Mercy Ministries of Laredo

St John's Health System Inc

Ozarks Regions Health Systems Inc

1235 E Cherokee Street

Springfield, MO65804

Casa de Misericordia

Laredo, TX78044 74-2912461

2500 Zacatecas

20-0198462

43-1856028

214 Carter Street

Berryville, AR72616 71-0759299

Laredo, TX78043

Laredo Medical Group

Sisters of Mercy Ministries

Ft Scott, KS66701 48-0956045

Mercy Health System of Kansas Inc

Sisters of Mercy Health System

14528 S Outer Forty Suite 100

Mercy Health System of Texas Inc

14528 S Outer Forty Suite 100

McAuley Portfolio Management Company

Mercy Foundation for Health Innovation

Fort Scott, KS66701 48-1077073

800 W Myrtle

48-1079981

43-1423050

26-1708048

20-0901499

20-2553101

72-1069468

74-2764726

74-1189682

74-2764727

Mercy Health Center Foundation

26-1318597

St Edward Mercy Clinic Inc

St Edward Mercy Medical Center

St Edward Health Facilities of Franklin County

St Edward Health Facilities of Logan County

St Edward Health Facilities of Scott County

Mercy Hospital Foundation of Independence Inc

300 Werner Street

300 Werner Street

Hot Springs, AR71913

Hot Springs, AR71913

St Joseph's Mercy Clinic Inc

St Joseph's Mercy Health Center

St Edward Mercy Health System Inc

Hot Springs, AR71913

St Mary's Hospital Foundation

Rogers, AR72758

Rogers, AR72758 62-1684203

Rogers, AR72858 71-0601687

71-0294390

Return to Form

(F)

Direct Controlling

Entity

Mercy Health System

Inc

SMHS

SMHS

SMHS

St Joseph's Mercy

St Joseph's Mercy

Health System Inc

St Joseph's Mercy

Health System Inc

St Joseph's Mercy

Health System Inc

St Edward Mercy

St Edward Mercv

St Edward Mercy

St Edward Mercy

St Edward Mercy

Mercy Health Center

Mercy Health System

of Kansas Inc

SMHS

N/A

SMHS

SMHS

SMHS

SMHS

Mercy Health System

Mercy Health System

Mercy Ministries of

of Texas Inc

of Texas Inc

SMHS

Laredo

SMHS

SMHS

St John's Health

System Inc

Medical Center

Medical Center

Medical Center

Health System Inc

Health System Inc

SMHS

Health Center

St Mary-Rogers

Memorial Hospital Inc

of Northwest Arkansas

Software Version:

Form 990,	Schedule	R, Part II	: - Identi	fication o	f Related '	Tax-Exempt	Organiza ¹	tions
•		•					_	

orm 990, Schedule R, Part II - Identification of Related 1	ax-Exempt Organiza	itions	
(A)	(B)	(C) Legal Domicile	

			p. 0. g]
(A)			(B)	
Name, address, and EIN of relate	ed organization	Prima	arv Activity	"

ated	Tax-	Exem	pt Or	ganiz	ation	s	

Hospital d/b/a Mercy

Medical Center, d/b/a

Long term acute-care

Holding Company

Foundation

Physician Clinic

Physician Clinics

Holding Company

Physician Clinic

Hospital

Hospital

Hospital

Hospital

Foundation

Foundation

Hospital

Health System -

Corporate Office

Foundation

Centralized Health

System Functions

Family counseling service in New Orleans

and social justice

advocacy program

Inactive - No operations

Inactive - No operations

Inactive - No operations

Women's domestic

Primary healthcare

program, outreach

Holding Company

food pantry

Hospital

education program and

violence shelter

Portfolio management

Hospital

Mercy Home Health

Physician Group

Foundation

hospital

(State

or Foreign Country)

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Name:	St John's Foundation for Community Health

Software ID:

orm 990	, Schedule	R, Part II - 1	dentification	of Related	Tax-Exempt	: Organization	ıs

		ification of Polat		

- na. Ct labale For
- **EIN:** 32-0195818

Form 990, Schedule R, Part II - Identification of Related 1	「ax-Exempt Organiza 	itions			1
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Carroll Health Foundation					Ozark Regions Health
214 Carter Street Berryville, AR72616 71-0759301 St John's Home Care of Berryville Inc	Foundation	AR	501c3	11a	Systems
214 Carter Street Berryville, AR72616 87-0781247	Home Health and Hospice operations	AR	501c3		St John's Regional Health Center
The Sister M Cornelia Blasko Foundation Inc 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	МО	501c3		St Francis Hospital Mountain View Missouri
Breech Regional Medical Center 100 Hospital Drive Lebanon, M065536 43-1767432	Hospital	мо	501c3	1	St John's Health System Inc
St Francis Hospital Mountain View Missouri 100 W Highway 60 Mountain View, MO 65548 44-0607149	Hospital	МО	501c3	1	St John's Health System Inc
St John's Aurora Inc 500 Porter Avenue Aurora, MO65605 43-1936696	Operating company for leased hospital	мо	501c3	1	St John's Health System Inc
St John's Cassville Inc 94 Main Street Cassville, MO65625 43-1936699	Operating Company for leased hospital	МО	501c3	3	St John's Health System Inc
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804	Inactive - No operations	МО	501c3		St John's Health System Inc
St John's Clinic Inc 1965 Fremont Street Suite 2950 Springfield, MO65804 43-1560263	Physician Group	МО	501c3		St John's Health System Inc
St John's Medical Research Institute Inc 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research - Clinical Trials	МО	501c3		St John's Health System Inc
St John's Regional Health Center 1235 E Cherokee Street Springfield, MO 65804 44-0552485	Hospital	МО	501c3		St John's Health System Inc
St John's Mercy Health Care 645 Maryville Centre Drive Suite 10 St Louis, MO 63141 43-1718408	Health System	МО	501c3	11b	SMHS
Mercy Medical Group 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1771217	Physician Group	МО	501c3		St John's Mercy Health Care
St John's Mercy Foundation 645 Maryville Centre Drive Suite 10 St Louis, MO 63141 56-2410022	Foundation	МО	501c3	11b	St John's Mercy Health Care
St John's Mercy Health System 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-0653493	Hospitals	мо	501c3	11b	St John's Mercy Health Care
St John's Mercy Hospital Foundation 901 E Fifth Street Washington, MO 63090 56-2410020	Foundation	мо	501c3		St John's Mercy Health Care
Unity Ambulatory Care 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1861745	Inactive - No operations	мо	501c3		St John's Mercy Health Care
St John's Mercy Support Services 615 S New Ballas Road St Louis, MO 63141 43-1677952	Inactive - No operations	МО	501c3		St John's Mercy Health System
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive - No operations	ок	501c3	9	Mercy Health Center Inc
Mercy Health Center Foundation Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	ок	501c3	11a	Mercy Health Center Inc
Mercy Health Services Inc 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	Urgent Care Clinics	ок	501c3	9	Mercy Health Center Inc
Mercy Health Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	ок	501c3	3	Mercy Health System Inc
Mercy Memorial Health Center Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	ок	501c3	3	Mercy Health System Inc
Mercy Physicians of Oklahoma Inc 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Physician Group/Clinic	ок	501c3	9	Mercy Health System Inc
St Mary's Hospital of Enid Oklahoma Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 73-0614655	Inactive - No operations	ок	501c3	3	Mercy Health System Inc
Healdton Mercy Hospital Corporation 918 South Street Healdton, OK73438 26-3173902	Operating company for leased hospital	ок	501c3	3	Mercy Memorial Health Center Inc
Mercy Memorial Health Center Foundation 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	ок	501c3		Mercy Memorial Health Center Inc
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding company	ок	501c3	11b	SMHS
Lebanon Women's Health Center Inc 100 Hospital Drive Lebanon, MO65536 02-0569599	Women's obstetrical services	МО	501c3		Breech Regional Medical Center

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

Form 990, Schedule K, Pa	art III - Identifica		kelated Orga	Inizations (a)	kable as a Partner	Snip	1		T	1	,
(A) Name, address, and EIN of related organization	Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disprop allocati	prtionate tions?	(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Gene Mana	(J) eral or naging tner?
	'						Yes	No	<u> </u>	Yes	No
Southern Oklahoma Diagnostic Ctr LLC	: MRI Services	ок						No			N o
1011 Fourteeth Ave NW Ardmore, OK73401 43-1971232	MKI Services										IN U
Resource Optimization & Innovation LLC											
645 Maryville Centre Dr Suite	Central Distribution Ctr	МО						Νο			Νο
Mercy Ambulatory Surgery Center LLC	Cura and										
	Ambulatory Surgery Ctr	AR						No			Νο
	Acquire and lease										
Hot Springs, AR71913 20-4340915	diagnostic imaging equip	AR						No			N o
Hot Springs MRI Partnership											
100 Ridgeway Place Hot Springs , AR72901 71-0675196	MRI Center	AR						No			Νο
Fort Smith Emergency Medical Services	Emergency Medical										
1701 South Greenwood Fort Smith, AR72901 71-0416615	Services	AR						No			N o
Southern Oklahoma Physician Hospital Organization LLC											
Ardmore, OK73401 73-1462104	Physician Group	ок						No			No
St Joseph's PET Center LLC			1								
300 Werner Street Hot Springs , AR72901 47-0886845	PET/MRI Center	AR						No			No

Form 990, Schedule R. Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (C) (D) (F) (G) (H) Name, address, and EIN of related organization Primary activity Legal Domicile Direct Controlling Type of entity Percentage Share of total income Share of (State or Entity (C corp. S corp. end-of-vear ownership (\$) Foreian or trust) assets Country) (\$) St Edward Medical Services Inc 7301 Rogers Ave Provide/Support ΑR С Fort Smith, AR72903 nrof med sycs 20-2965518 Consolidated Logistics Inc Holding 2710 Rife Medical In ΑR Rogers, AR72758 company 71-0474406 Mercy Community Services Inc. 401 Woodland Hills Blvd Caterina KS Fort Scott, KS66701 operations 48-1078101 Frontenac Properties Inc Holds ancillary 14528 S Outer Forty Ste 100 assets, owns DΕ Chesterfield, MO63017 aircraft 52-1914421 MHP Inc 14528 S Outer Forty Ste 300 Holdina С DΕ Chesterfield, MO63017 Icompany 43-1697084 Mercy Medical Services Inc Mercy disease-14528 S Outer Forty Ste 100 mamt programs МΟ Chesterfield, MO63017 and HMO ops 71-0641246 Inveno Health Inc Technology 1235 E Cherokee St transfer МΟ Springfield, MO65804 company 26-4509571 Unity Support Services Inc Practice 645 Maryville Centre Drive Ste 100 МΟ management St Louis, MO63141 services 43-1797042 UH L Corp Inc 645 Maryville Centre Drive Ste 100 Holding МΟ St Louis, MO 63141 company 74-2499535 Mercy Health Network of the Southern Region Employed 1011 14th Ave NW physicians, 0 K Ardmore, OK73401 PAs, and NPs 73-1580607 Admin of certain Mercy Health Center Condominium Inc 4300 W Memorial Rd real property ОК Oklahoma City, OK73120 land 68-0640970 ımprovements Mercy Managed Care Corporation 4300 W Memorial Rd Holding ОΚ Oklahoma City, OK73120 company 73-1441665 Mercy Health Network Inc Employed 4300 W Memorial Rd physicians, 0 K Oklahoma City, OK73120 PAs, and NPs 73-1381689

Additional Data

Software ID: Software Version:

EIN: 32-0195818

Name: St John's Foundation for Community Health

Form 990, Part VII - Section Aaa

Torin 550, Fart VII - Section Add											
		(C) Position (check all that apply)							(5)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Forner	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Tom Barr , Community Member	1 00	Х						0	0	0	
Allen Casey , Board Chair	1 00	Х						0	0	0	
Jerry Clark , Community Member	1 00	Х						0	0	0	
Mary Craven , Community Member	1 00	Х						0	0	0	
Carol DeHaven , Community Member	1 00	Х						0	0	0	
Walt Gaska , Physician Member	40 00	Х						0	582,551	162,475	
Bernard Griesemer MD , Physician Member	40 00	Х						0	437,275	48,104	
Gary Leonard , Community Member	1 00	Х						0	0	0	
Ann Meuser , VP Mission Services	40 00	Х						0	174,459	21,721	
Dominic Meldi MD , Physician Member	40 00	Х						0	391,378	41,660	
Richard Seagrave MD , Physician Member	40 00	Х						0	564,443	41,823	
John Whittington , Community Member	1 00	Х						0	0	0	
Kım Day , CEO - St John's Health S	40 00	Х		Х				0	688,184	368,545	
Don Landon , Medical Research Board C	1 00	Х						0	0	0	
Fred McQueary , President - St John's Cl	40 00	Х						0	751,209	35,522	
Mike Peters , President - St John's Fo	40 00	Х						0	173,665	55,103	
Jon Swope , Exec VP - St John's Hea	40 00	Х						0	476,400	218,893	
Sallie Hazelrigg , Exec Dir /VP - SJ Found	40 00					x		0	144,885	14,490	