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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 For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
St John's Health System

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1235 E Cherokee

City or town, state or country, and ZIP + 4
Springfield, MO 65804

D Employer identification number
43-1856028

E Telephone number
(417) 820-2000

G Gross receipts $ 317,441,201

F Name and address of Principal Officer
Scott Reynolds
1235 E Cherokee
Springfield, MO 65804

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

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

H(c) Group Exemption Number ▶ 0928

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

J Web site: ▶ www stjohns com

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1999

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

MISSION STATEMENT FOR ST JOHN'S HEALTH SYSTEM ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH, OUR MISSION IS TO PROVIDE HIGH QUALITY, COMPASSIONATE HEALTH CARE SERVICES IN A PERSONALIZED CHRISTIAN ENVIRONMENT WE SEEK TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF COMMUNITIES WE SERVE, WITH PARTICULAR CONCERN FOR PEOPLE WHO ARE ECONOMICALLY POOR

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	308,206,123	318,652,166
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	476,831	257,263
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,014,413	-1,468,228
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	307,668,541	317,441,201
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,025,833
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)	25,577,300	20,047,220
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–24f)	302,922,960	308,288,391
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	328,500,260	329,361,444
19	Revenue less expenses Subtract line 18 from line 12	-20,831,719	-11,920,243

		Beginning of Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	210,317,495	227,871,397
21	Total liabilities (Part X, line 26)	40,435,644	27,854,454
22	Net assets or fund balances Subtract line 21 from line 20	169,881,851	200,016,943

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

Please Sign Here

****** | 2010-05-17
Signature of officer | Date

Shawn Harris VP of Finance
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

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

1 Briefly describe the organization's mission

Mission Statement for St John's Health System Rooted in the mission of Jesus and the healing ministry of the Church, our mission is to provide high quality, compassionate health care services in a personalized Christian environment We seek to improve the health and quality of life of communities we serve, with particular concern for people who are economically poor

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 288,196,620 including grants of $) (Revenue $)

St John's Health System and its subsidiaries provide high-quality, compassionate, faith-based health care in a variety of traditional medical settings This organization, as part of St John's Health System, provides services to the communities we serve, with particular concern for the economically poor, in the way of inpatient hospital inpatient services, outpatient services, emergency room care, home health services, or physician clinic office visits

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 $ 288,196,620 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		No
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? *If "Yes," complete Schedule F, Part II*	15		No
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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
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	Yes	
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
b	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		No
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		No

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			
a	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 IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal 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 vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
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 that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

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			
a	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		No
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 _____

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ 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
Springfield, MO 65804
(417) 820-2818

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
* 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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								1,800,948	2,513,112	872,745

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FDSI Logistics 5703 Corsa Ave Westlake Village, CA 91362	Third party logistics provider	368,690
Toof Commercial Printing 670 S Cooper Memphis, TN 38104	Printing	270,839
Diversified Search One Commerce Square 2005 Market St Philadelphia, PA 19103	Recruiting firm	264,743
New Albany Health Care Conultants 68 N High St Bldg F Ste 109 New Albany, OH 43054	Prof Consulting	172,487
Allied LLC PO Box 11148 Springfield, MO 65808	Maintenance	131,506

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶				
Program Service Revenue		Business Code				
	2a	Program Service Revenu	316,477,742	316,477,742		
	b	Other Operating Revenu	2,174,424	2,174,424		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 318,652,166				
	3	Investment income (including dividends, interest other similar amounts) ▶	257,263	257,263		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	Net gain (loss) sale o	15,642	15,642		
	b	Net rental inc (loss)	-1,483,870	-1,483,870		
	c					
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** $ -1,468,228				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	317,441,201	317,441,201	0	0

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,025,833	1,025,833		
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	1,800,948		1,800,948	
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	13,565,473	11,657,483		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	280,818		280,818	
9 Other employee benefits	3,750,114	17,485	3,732,629	
10 Payroll taxes	649,867	2,193	647,674	
11 Fees for services (non-employees)				
a Management				
b Legal	173,211		173,211	
c Accounting	57,204		57,204	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	474,895	24,423	450,472	
13 Office expenses	1,371,111	473,854	897,257	
14 Information technology	8,829,276		8,829,276	
15 Royalties				
16 Occupancy	6,103,552	3,098,878	3,004,674	
17 Travel	151,453	36,382	115,071	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	67,268	6,232	61,036	
20 Interest	2,659		2,659	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,976,356		3,976,356	
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)				
a Purchased Medical Servi	253,799,367	253,799,367		
b Support and Clinic Ops	17,548,968	17,548,446	522	
c Purchased Services	11,493,759	494,618	10,999,141	
d Malpractice Insurance	2,492,958		2,492,958	
e Other Expenses	1,746,354	11,426	1,734,928	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	329,361,444	288,196,620	41,164,824	0
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-1	1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		-14,308,001	4	-13,442,499
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	50,245
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost basis	10a 564,918,974			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 328,027,167	224,625,497	10c	236,891,807
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		0	15	4,371,844
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		210,317,495	16	227,871,397
Liabilities	17	Accounts payable and accrued expenses		40,435,644	17	27,611,984
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		0	25	242,470
	26	**Total liabilities.** *Add lines 17 through 25*		40,435,644	26	27,854,454
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		169,881,851	27	200,016,943
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		169,881,851	33	200,016,943
	34	Total liabilities and net assets/fund balances		210,317,495	34	227,871,397

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

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

h Provide the following information about the 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)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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.)

Public Support

Calendar 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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 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 1-5						
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 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)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		8,105,144		8,105,144
b Buildings		348,733,517	155,015,035	193,718,482
c Leasehold improvements		15,132,101	10,094,394	5,037,707
d Equipment		192,948,212	162,917,738	30,030,474
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				236,891,807

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
LT SMRP Liability	242,470
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	242,470

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	317,441,201
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	329,361,444
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,920,243
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	42,055,335
9	Total adjustments (net) Add lines 4 - 8	9	42,055,335
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,135,092

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	317,441,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	317,441,200
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 XIV)	4b			
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	317,441,200

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	329,361,444
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	329,361,444
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 XIV)	4b			
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	329,361,444

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Transfers to/from Affiliates

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Nursing Scholarships	195	1,025,833			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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**		No
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Kim Day	(i)							
	(ii)	480,453	180,740	26,991	353,935	14,610	1,056,729	248,369
Fred McQueary MD	(i)							
	(ii)	639,110	71,821	40,278	24,429	11,093	786,731	318,122
Dominic Meldi MD	(i)							
	(ii)	321,776	39,237	30,365	30,548	11,112	433,038	180,221
Neil Schwartzman MD	(i)							
	(ii)	307,155	19,082	10,733	15,436	10,038	362,444	170,020
Kelvin Van Osdol MD	(i)							
	(ii)	321,199	11,375	12,797	24,027	198	369,596	255,461
Scott Reynolds	(i)	146,858	35,560	31,863	30,550	12,705	257,536	88,239
	(ii)							
Michael Collison MD	(i)	236,247	58,987	39,434	29,306	12,680	376,654	151,087
	(ii)							
Michael Merrigan	(i)	200,856	62,432	31,805	69,426	13,259	377,778	115,233
	(ii)							
James Brookhart	(i)	191,639	64,432	38,218	55,668	13,221	363,178	107,767
	(ii)							
Lance Luria MD	(i)	222,390	33,199	38,105	12,374	2,385	308,453	129,259
	(ii)							
Ronnie Brownsworth	(i)	190,019	95,025	83,879	116,890	8,855	494,668	175,989
	(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

Identifier	Return Reference	Explanation
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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 43-1856028
Name: St John's Health System

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Kim Day	(I)							
	(II)	480,453	180,740	26,991	353,935	14,610	1,056,729	248,369
Fred McQueary MD	(I)							
	(II)	639,110	71,821	40,278	24,429	11,093	786,731	318,122
Dominic Meldi MD	(I)							
	(II)	321,776	39,237	30,365	30,548	11,112	433,038	180,221
Neil Schwartzman MD	(I)							
	(II)	307,155	19,082	10,733	15,436	10,038	362,444	170,020
Kelvin Van Osdol MD	(I)							
	(II)	321,199	11,375	12,797	24,027	198	369,596	255,461
Scott Reynolds	(I)	146,858	35,560	31,863	30,550	12,705	257,536	88,239
	(II)							
Michael Collison MD	(I)	236,247	58,987	39,434	29,306	12,680	376,654	151,087
	(II)							
Michael Merrigan	(I)	200,856	62,432	31,805	69,426	13,259	377,778	115,233
	(II)							
James Brookhart	(I)	191,639	64,432	38,218	55,668	13,221	363,178	107,767
	(II)							
Lance Luria MD	(I)	222,390	33,199	38,105	12,374	2,385	308,453	129,259
	(II)							
Ronnie Brownsworth	(I)	190,019	95,025	83,879	116,890	8,855	494,668	175,989
	(II)							

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
Linda Reynolds	Family member of Scott Reynolds, Key Employee	59,771	Employment arrangement		No

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SCHEDULE O
(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

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

Identifier	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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Board members are selected at the discretion of the sole corporate member, St John's 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 John's Health System and provides centralized governance and management for all subsidiary entities

Identifier	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 John's Health System and provides centralized governance and management for all subsidiary entities

Identifier	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 coworkers 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		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 (collectively referred to as "SJHS") when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a co-worker, a member of management or Board member of SJHS The President of each corporation and sub-division shall be responsible for administering the annual statements of disclosure for 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

Identifier	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

Identifier	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

Identifier	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

Identifier	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

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Lines 5 & 6	Schedule R, Name of Other Organizations	St John's Foundation for Community Health, Inc (EIN 32-0195818) 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) St John's Regional Health Center (EIN 44-0552485) 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 Clinic Inc (EIN 43-1560263) St John's Medical Research Institute, Inc (EIN 87-0796305)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 9	Schedule R, Name of Other Organizations	Sisters of Mercy Health System (EIN 43-1423050) McAuley Portfolio Management Company (EIN 26-1708048) Mercy Foundation for Health Innovation (EIN 20-0901499) Frontenac Properties, Inc (EIN 52-1914421) Sisters of Mercy Ministries (EIN 72-1069468) Resource Optimization & Innovation, L L C (EIN 46-0468368) MHM Support Services (EIN 20-2553101)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 10	Schedule R, Name of Other Organizations	Mercy Health System of Northwest Arkansas, Inc (EIN 62-1684203) St Mary-Rogers Memorial Hospital, Inc (EIN 71-0294390) St Mary's Hospital Foundation (EIN 71-0601687)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 11	Schedule R, Name of Other Organizations	St Joseph's Mercy Health System, Inc (EIN 26-1125064) St Joseph's Mercy Health Foundation (EIN 71-0804718) St Joseph's Mercy Health Center (EIN 71-0236913) St Joseph's Mercy Clinic, Inc (EIN 26-1125131) Mission Clinical Services (EIN 13-4239691)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 12	Schedule R, Name of Other Organizations	St Edward Mercy Health System, Inc (EIN 26-1318515) St Edward Mercy Foundation (EIN 23-7330425) St Edward Mercy Medical Center (EIN 71-0240352) St Edward Health Facilities of Scott County (EIN 71-0557895) St Edward Health Facilities of Logan County (EIN 71-0655753) St Edward Health Facilities of Franklin County (EIN 71-0689680) St Edward Medical Services, Inc (EIN 20-2965518) St Edward Mercy Clinic, Inc (EIN 26-1318597)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 13	Schedule R, Name of Other Organizations	Mercy Health System, Inc (EIN 73-1453048) Mercy Health Center, Inc (EIN 73-0579285) Mercy Health Center Foundation, Inc (EIN 73-1593024) Mercy Memorial Health Center Foundation (EIN 71-0962525) Mercy Memorial Health Center, Inc (EIN 73-1500629) Mercy Health Network, Inc (EIN 73-1381689) Mercy Health Network of the Southern Region, Inc (EIN 73-1580607) MS Center of Oklahoma, LLC (EIN 74-3125527) Mercy Health Services - Southern Region, LLC (EIN 37-1504728) Memorial Medical Group Emergency Physicians, LLC (EIN 26-0261710) Mercy Health Services, Inc (EIN 14-1838609) Mercy Physicians of Oklahoma, Inc (EIN 27-0473057) Mercy Health Center Condominium, Inc (EIN 68-0640970) Southern Oklahoma Diagnostic Center, LLC (EIN 43-1971232) Mercy Health Canadian County Ambulatory Surgical Center, L L C (EIN 73-1576567) Healdton Mercy Hospital Corporation (EIN 26-3173902)

Identifier	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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
St John's Health System

Employer identification number
43-1856028

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
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	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 **(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)	**1g**		**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**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(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?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 43-1856028
Name: St John's Health System

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 501(c)(3))	(F) Direct Controlling Entity
St Mary-Rogers Memorial Hospital Inc 2710 Rife Medical Lane Rogers, AR72758 71-0294390	Hospital d/b/a Mercy Medical Center, d/b/a Mercy Home Health	AR	501c3	3	Mercy Health System of Northwest Arkansas Inc
Mercy Health System of Northwest Arkansas Inc 2710 Rife Medical Drive Rogers, AR72758 62-1684203	Physician Group	AR	501c3	11b	SMHS
St Mary's Hospital Foundation 2710 Rife Medical Lane Rogers, AR72858 71-0601687	Foundation	AR	501c3	11c	St Mary-Rogers Memorial Hospital Inc
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	Long term acute-care hospital	AR	501c3	3	SMHS
St Joseph's Mercy Health System Inc 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Company	AR	501c3	11b	SMHS
St Joseph's Mercy Health Foundation 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501c3	11b	St Joseph's Mercy Health Center
St Joseph's Mercy Clinic Inc 1 Mercy Lane Hot Springs, AR71913 26-1125131	Physician Clinic	AR	501c3	9	St Joseph's Mercy Health System Inc
St Joseph's Mercy Health Center 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501c3	3	St Joseph's Mercy Health System Inc
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	Physician Clinics	AR	501c3	9	St Joseph's Mercy Health System Inc
St Edward Mercy Health System Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Company	AR	501c3	11b	SMHS
St Edward Mercy Clinic Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Physician Clinic	AR	501c3	9	St Edward Mercy Health System Inc
St Edward Mercy Medical Center 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501c3	3	St Edward Mercy Health System Inc
St Edward Health Facilities of Franklin County 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501c3	3	St Edward Mercy Medical Center
St Edward Health Facilities of Logan County 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501c3	3	St Edward Mercy Medical Center
St Edward Health Facilities of Scott County 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501c3	3	St Edward Mercy Medical Center
Mercy Health Center Foundation 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501c3	11c	Mercy Health System of Kansas Inc
Mercy Hospital Foundation of Independence Inc 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501c3	11a	Mercy Health System of Kansas Inc
Mercy Health System of Kansas Inc 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital	KS	501c3	3	SMHS
Sisters of Mercy Health System 14528 S Outer Forty Suite 100 Chesterfield, MO63017 43-1423050	Health System - Corporate Office	MO	501c3	1	N/A
McAuley Portfolio Management Company 14528 S Outer Forty Suite 100 Chesterfield, MO63017 26-1708048	Portfolio management	MO	501c3	11b	SMHS
Mercy Foundation for Health Innovation 14528 S Outer Forty Suite 100 Chesterfield, MO63017 20-0901499	Foundation	MO	501c3	11b	SMHS
MHM Support Services 14528 S Outer Forty Suite 100 Chesterfield, MO63017 20-2553101	Centralized Health System Functions	MO	501c3	11b	SMHS
Sisters of Mercy Ministries 14528 S Outer Forty Suite 100 Chesterfield, MO63017 72-1069468	Family counseling service in New Orleans and social justice advocacy program	MO	501c3	7	SMHS
Laredo Medical Group 14528 S Outer Forty Suite 100 Chesterfield, MO63017 74-2764726	Inactive - No operations	TX	501c3	9	Mercy Health System of Texas Inc
Mercy Hospital of Laredo 14528 S Outer Forty Suite 100 Chesterfield, MO63017 74-1189682	Inactive - No operations	TX	501c3	3	Mercy Health System of Texas Inc
Mercy Health System of Texas Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 74-2764727	Inactive - No operations	TX	501c3	11b	SMHS
Casa de Misericordia 1602 McClelland Street Laredo, TX78044 74-2912461	Women's domestic violence shelter	TX	501c3	7	Mercy Ministries of Laredo
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX78043 20-0198462	Primary healthcare program, outreach education program and food pantry	TX	501c3	7	SMHS
Ozarks Regions Health Systems Inc 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501c3	3	St John's Health System Inc
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501c3	11a	Ozark Regions Health Systems

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 501(c)(3))	(F) Direct Controlling Entity
St John's Home Care of Berryville Inc 214 Carter Street Berryville, AR72616 87-0781247	Home Health and Hospice operations	AR	501c3	3	St John's Regional Health Center
The Sister M Cornelia Blasko Foundation Inc 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501c3	11a	St Francis Hospital Mountain View Missouri
Breech Regional Medical Center 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501c3	3	St John's Health System Inc
St Francis Hospital Mountain View Missouri 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501c3	3	St John's Health System Inc
St John's Aurora Inc 500 Porter Avenue Aurora, MO65605 43-1936696	Operating company for leased hospital	MO	501c3	3	St John's Health System Inc
St John's Cassville Inc 94 Main Street Cassville, MO65625 43-1936699	Operating Company for leased hospital	MO	501c3	3	St John's Health System Inc
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804	Inactive - No operations	MO	501c3	3	St John's Health System Inc
St John's Clinic Inc 1965 Fremont Street Suite 2950 Springfield, MO65804 43-1560263	Physician Group	MO	501c3	3	St John's Health System Inc
St John's Foundation for Community Health Inc 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501c3	11b	St John's Health System Inc
St John's Medical Research Institute Inc 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research - Clinical Trials	MO	501c3	4	St John's Health System Inc
St John's Regional Health Center 1235 E Cherokee Street Springfield, MO65804 44-0552485	Hospital	MO	501c3	3	St John's Health System Inc
St John's Mercy Health Care 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1718408	Health System	MO	501c3	11b	SMHS
Mercy Medical Group 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1771217	Physician Group	MO	501c3	9	St John's Mercy Health Care
St John's Mercy Foundation 645 Maryville Centre Drive Suite 10 St Louis, MO63141 56-2410022	Foundation	MO	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	MO	501c3	3	St John's Mercy Health Care
St John's Mercy Hospital Foundation 901 E Fifth Street Washington, MO63090 56-2410020	Foundation	MO	501c3	11b	St John's Mercy Health Care
Unity Ambulatory Care 645 Maryville Centre Drive Suite 10 St Louis, MO63141 43-1861745	Inactive - No operations	MO	501c3	11c	St John's Mercy Health Care
St John's Mercy Support Services 615 S New Ballas Road St Louis, MO63141 43-1677952	Inactive - No operations	MO	501c3	11c	St John's Mercy Health System
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive - No operations	OK	501c3	9	Mercy Health Center Inc
Mercy Health Center Foundation Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501c3	11a	Mercy Health Center Inc
Mercy Health Services Inc 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	Urgent Care Clinics	OK	501c3	9	Mercy Health Center Inc
Mercy Health Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501c3	3	Mercy Health System Inc
Mercy Memorial Health Center Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501c3	3	Mercy Health System Inc
Mercy Physicians of Oklahoma Inc 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Physician Group/Clinic	OK	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	OK	501c3	3	Mercy Health System Inc
Healdton Mercy Hospital Corporation 918 South Street Healdton, OK73438 26-3173902	Operating company for leased hospital	OK	501c3	3	Mercy Memorial Health Center Inc
Mercy Memorial Health Center Foundation 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501c3	11a	Mercy Memorial Health Center Inc
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding company	OK	501c3	11b	SMHS
Lebanon Women's Health Center Inc 100 Hospital Drive Lebanon, MO65536 02-0569599	Women's obstetrical services	MO	501c3	3	Breech Regional Medical Center

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

(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, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Southern Oklahoma Diagnostic Ctr LLC 1011 Fourteeth Ave NW Ardmore, OK73401 43-1971232	MRI Services	OK						No			No
Resource Optimization & Innovation LLC 645 Maryville Centre Dr Suite 200 St Louis, MO63141 46-0468368	Central Distribution Ctr	MO						No			No
Mercy Ambulatory Surgery Center LLC 7301 Rogers Ave Fort Smith, AR72917 71-0827721	Ambulatory Surgery Ctr	AR						No			No
Hot Springs Equipment Leasing LLC 300 Werner St Hot Springs, AR71913 20-4340915	Acquire and lease diagnostic imaging equip	AR						No			No
Hot Springs MRI Partnership 100 Ridgeway Place Hot Springs, AR72901 71-0675196	MRI Center	AR						No			No
Fort Smith Emergency Medical Services 1701 South Greenwood Fort Smith, AR72901 71-0416615	Emergency Medical Services	AR						No			No
Southern Oklahoma Physician Hospital Organization LLC 1011 Fourteeth Avenue NW Ardmore, OK73401 73-1462104	Physician Group	OK						No			No
St Joseph's PET Center LLC 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

(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
St Edward Medical Services Inc 7301 Rogers Ave Fort Smith, AR72903 20-2965518	Provide/Support prof med svcs	AR		C			
Consolidated Logistics Inc 2710 Rife Medical Ln Rogers, AR72758 71-0474406	Holding company	AR		C			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort Scott, KS66701 48-1078101	Catering operations	KS		C			
Frontenac Properties Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 52-1914421	Holds ancillary assets, owns aircraft	DE		C			
MHP Inc 14528 S Outer Forty Ste 300 Chesterfield, MO63017 43-1697084	Holding company	DE		C			
Mercy Medical Services Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 71-0641246	Mercy disease-mgmt programs and HMO ops	MO		C			
Inveno Health Inc 1235 E Cherokee St Springfield, MO65804 26-4509571	Technology transfer company	MO		C			100 000 %
Unity Support Services Inc 645 Maryville Centre Drive Ste 100 St Louis, MO63141 43-1797042	Practice management services	MO		C			
UH L Corp Inc 645 Maryville Centre Drive Ste 100 St Louis, MO63141 74-2499535	Holding company	MO		C			
Mercy Health Network of the Southern Region Inc 1011 14th Ave NW Ardmore, OK73401 73-1580607	Employed physicians, PAs, and NPs	OK		C			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	Admin of certain real property and improvements	OK		C			
Mercy Managed Care Corporation 4300 W Memorial Rd Oklahoma City, OK73120 73-1441665	Holding company	OK		C			
Mercy Health Network Inc 4300 W Memorial Rd Oklahoma City, OK73120 73-1381689	Employed physicians, PAs, and NPs	OK		C			

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	(1) St John's Clinic Inc	O	52,209
(2)	(2) MHM Support Services	N	93,167
(3)	(3) St John's Clinic Inc	N	159,031
(4)	(4) St John's Regional Health Center	N	211,574
(5)	(5) Refer to Schedule O for name of other organizations	O	361,121,651
(6)	(6) Refer to Schedule O for name of other organizations	P	524,652,068
(7)	(7) Mercy Health Plans	O	1,578,514
(8)	(8) Mercy Health Plans	P	205,552,843
(9)	(9) Refer to Schedule O for name of other organizations	O	85,449,718
(10)	(10) Refer to Schedule O for name of other organizations	P	50,733
(11)	(11) Refer to Schedule O for name of other organizations	P	64,407
(12)	(12) Refer to Schedule O for name of other organizations	P	79,660
(13)	(13) Refer to Schedule O for name of other organizations	P	167,529

Additional Data

Software ID:
Software Version:
EIN: 43-1856028
Name: St John's Health System

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Sr Rebecca Hendricks , Board Member	1 00	X						0	0	0
Phillip Carr MD , Community Member	1 00	X						0	0	0
Sr Judith Ann Carron RS , Board Member	1 00	X						0	0	0
Charlotte Hardin , Community Member	1 00	X						0	0	0
Helen Selig , Community Member	1 00	X						0	0	0
John Twitty , Community Member	1 00	X						0	0	0
Sr Maria Luisa Vera RSM , Board Member	1 00	X						0	0	0
Mike Williamson , Community Member	1 00	X						0	0	0
Kim Day , President/CEO	40 00	X		X				0	688,184	368,545
Fred McQueary MD , Physician Member	40 00	X						0	751,209	35,522
Dominic Meldi MD , Physician Member	40 00	X						0	391,378	41,660
Neil Schwartzman MD , Physician Member	40 00	X						0	336,970	25,474
Kelvin Van Osdol MD , Physician Member	40 00	X						0	345,371	24,225
Scott Reynolds , VP of Finance	40 00				X			214,281	0	43,255
Michael Collison MD , VP - Chief Medical Offic	40 00					X		334,668	0	41,986
Michael Merrigan , Legal Counsel	40 00					X		295,093	0	82,685
James Brookhart , Sr VP - Human Resources	40 00					X		294,289	0	68,889
Lance Luria MD , Medical Director	40 00					X		293,694	0	14,759
Ronnie Brownsworth ,	40 00						X	368,923	0	125,745