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Form 990

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

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

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St John's Regional Health Center dba St John's Hospital		D Employer identification number 44-0552485	
	E Telephone number (417) 820-2000			
	F Name and address of Principal Officer Scott Reynolds 1235 E Cherokee Springfield, MO 65804		G Gross receipts \$ 747,453,762	
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)			
	H(c) Group Exemption Number ► 0928			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of Formation 1987		M State of legal domicile MO
J Website: ► www.stjohns.com				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►				

Part I Summary

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 <input type="checkbox"/> 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	12	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
5 Total number of employees (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	0	
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	-491,447	

Revenue 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year	
		0	
	688,242,851	747,453,762	
		0	
		0	
	688,242,851	747,453,762	

Expenses 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b (Total fundraising expenses, Part IX, column (D), line 25 0) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 19 Revenue less expenses Subtract line 18 from line 12	Prior Year	Current Year	
		0	
	688,242,851	747,453,762	
		0	
	271,237,899	315,721,334	
		0	
	352,290,854	388,399,024	
	623,528,753	704,120,358	
	64,714,098	43,333,404	

Net Assets or Fund Balances 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Year	End of Year
	397,857,742	417,597,499
	113,533,774	115,975,223
	284,323,968	301,622,276

Please Sign Here 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 ***** Signature of officer SHAWN HARRIS VP of Finance Type or print name and title	2010-05-17
	Date

Paid Preparer's Use Only Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
		EIN <input type="checkbox"/>	
			Phone no <input type="checkbox"/>

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 \$ 502,819,122 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 \$) (Revenue \$)

4c (Code) (Expenses \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
 (Expenses \$) (Revenue \$)
 including grants of \$)

4e Total program service expenses \$ 502,819,122 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?

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

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

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

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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

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

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

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

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

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

	Yes	No
1	Yes	
2		No
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20	Yes	
21		No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

Part IV Checklist of Required Schedules (Continued)

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
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

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

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

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

	Yes	No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35		No
36		No
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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a 7,764	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 0	
2b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	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?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a No	
5c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6a No	
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a No	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e No	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7f No	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	8 No	
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a No	
10	<i>Section 501(c)(7) organizations.</i> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations</i> Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a No	

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	12
b Enter the number of voting members that are independent . . .	1b	7
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	No
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	No
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	No

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.

Part VII **Continued**

2 Total number of individuals (including those in 1a) who received more than \$100 000 in reportable

2 Total number of individuals (including the compensation from the organization) ▶78

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
CIS Data Services PO box 4158 Springfield, MO 65808	Network Installation	740,538
Quest Diagnostics PO Box 14730 St Louis, MO 63150	Lab Services	574,415
Simplex Grinnell 2757 S Austin Springfield, MO 65807	Safety & Property Protection	236,390
Nephropathology Assoc PO Box 434113 Little Rock, AR 72203	Diagnostic Services	112,147

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

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 \$ 1f					
	h Total (Add lines 1a-1f) 1f					
Program Service Revenue	Business Code					
	2a Patient Service Revenue	Business Code		743,417,808	743,417,808	
	b Cafeteria Vending			4,035,954	4,035,954	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f 2f ► \$ 747,453,762					
Other Revenue	3 Investment income (including dividends, interest other similar amounts) 3					
	4 Income from investment of tax-exempt bond proceeds 4					
	5 Royalties 5					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) 6d					
Other Revenue		(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) 7d					
	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 c					
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 c						
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 c						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue _____						
e Total. Add lines 11a-11d 11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12	747,453,762	743,417,808	0	4,035,954		

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				
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	1,430,009		1,430,009	
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	241,136,072	193,092,885		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,007,777	8,061,038	946,739	
9 Other employee benefits	47,395,926	34,665,919	12,730,007	
10 Payroll taxes	16,751,550	14,618,561	2,132,989	
11 Fees for services (non-employees)				
a Management				
b Legal	581,331		581,331	
c Accounting	199,313		199,313	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	1,990,906	258,214	1,732,692	
13 Office expenses	171,247,895	158,443,290	12,804,605	
14 Information technology	30,013,278		30,013,278	
15 Royalties				
16 Occupancy	13,156,539	2,294,221	10,862,318	
17 Travel	2,056,254	1,469,181	587,073	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	273,149	207,835	65,314	
20 Interest	16,609		16,609	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,370,352	21,408,097	13,962,255	
23 Insurance	26,315	26,315		
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 Services	64,704,996	12,632,092	52,072,904	
b Bad Debt Expense	43,001,661	43,001,661		
c Other	13,355,424	234,811	13,120,613	
d Professional Services	12,405,002	12,405,002		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	704,120,358	502,819,122	201,301,236	0
26 Joint Costs. Check <input type="checkbox"/> 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
1	Cash—non-interest-bearing	11,388,403	1 49,858,904
2	Savings and temporary cash investments	2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	98,496,987	4 107,190,231
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	6	
7	Notes and loans receivable, net	7	43,087
8	Inventories for sale or use	14,220,998	8 15,609,648
9	Prepaid expenses and deferred charges	111,927	9 1,544,265
10a	Land, buildings, and equipment cost basis	10a 344,493,269	
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 156,210,242	218,248,097 10c 188,283,027
11	Investments—publicly traded securities	11	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	12	
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	55,391,330	55,068,337
16	Total assets. Add lines 1 through 15 (must equal line 34)	397,857,742	16 417,597,499
17	Accounts payable and accrued expenses	113,369,766	17 115,839,735
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i>	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable	24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	164,008	25 135,488
26	Total liabilities. Add lines 17 through 25	113,533,774	26 115,975,223
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	284,323,968	27 301,622,276
28	Temporarily restricted net assets	28	
29	Permanently restricted net assets	29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	284,323,968	33 301,622,276
34	Total liabilities and net assets/fund balances	34	397,857,742 417,597,499

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/>	No
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/>	No
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b If "Yes," did the organization undergo the required audit or audits?	<input checked="" type="checkbox"/> Yes	

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**St John's Regional Health Center
dba St John's Hospital**Employer identification number**

44-0552485

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)

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

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?

(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?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 (Subtract 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 any other additional information. (see instructions)

Facts and Circumstances Test

2008

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**
St John's Regional Health Center
dba St John's Hospital**Employer identification number**

44-0552485

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 important 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
2a	
2b	
2c	
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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
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					
1b Contributions					
1c Investment earnings or losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g 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

(i) unrelated organizations
 (ii) related organizations

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

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	11,621,165			11,621,165
1b Buildings	139,203,500	16,126,659		123,076,841
1c Leasehold improvements	1,060,353	713,609		346,744
1d Equipment	187,056,758	139,369,974		47,686,784
1e Other	5,551,493			5,551,493
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ►				188,283,027

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
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
Misc A/R	3,770,235
Current Notes	2,228,579
Misc Investments/Receivables	5,744,611
Deferred Compensation	43,324,912
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	55,068,337

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Notes Payable Richard LMC	135,488
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	135,488

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	747,453,762
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	704,120,358
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	43,333,404
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	-26,035,096
9	Total adjustments (net) Add lines 4 - 8	9	-26,035,096
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,298,308

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	748,507,481
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	1,053,719
e	Add lines 2a through 2d	2e	1,053,719
3	Subtract line 2e from line 1	3	747,453,762
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	747,453,762

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

1	Total expenses and losses per audited financial statements	1	705,575,387
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	1,455,030
e	Add lines 2a through 2d	2e	1,455,030
3	Subtract line 2e from line 1	3	704,120,357
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	704,120,357

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
Part XII, Line 2d - Other Adjustments		Home Care
Part XIII, Line 2d - Other Adjustments		Home Care

SCHEDULE H
(Form 990)Department of the Treasury
Internal Revenue Service

Hospitals

► Attach to Form 990. To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 20.Name of the organization
St John's Regional Health Center
dba St John's Hospital

Employer identification number

44-0552485

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

1a Does the organization have a charity care policy? If "No," skip to question 6a

b If "Yes," is it a written policy?

2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals

Applied uniformly to all hospitals Applied uniformly to most hospitals
 Generally tailored to individual hospitals

3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients

a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care

100% 150% 200% Other _____ %

b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care

200% 250% 300% 350% 400% Other _____ %

c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care

4 Does the organization's policy provide free or discounted care to the "medically indigent"?

5a Does the organization budget amounts for free or discounted care provided under its charity care policy?

b If "Yes," did the organization's charity care expenses exceed the budgeted amount?

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a Does the organization prepare an annual community benefit report?

6b If "Yes," does the organization make it available to the public?

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a		
1b		
3a		
3b		
4		
5a		
5b		
5c		
6a		
6b		

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2)						
b Unreimbursed Medicaid (from worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)						
d Total Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?

2 Enter the amount of the organization's bad debt expense (at cost)

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
4		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Enter line 5 less line 6—surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

 Cost accounting system Cost to charge ratio Other**Section C. Collection Practices**

9a Does the organization have a written debt collection policy?

9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

9a	
9b	

Part IV Management Companies and Joint Ventures (Optional for 2008)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information (Required for 2008)

Part VI **Supplemental Information** (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b.

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g. open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**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.****Name of the organization**St John's Regional Health Center
dba St John's Hospital**Employer identification number**

44-0552485

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

b If 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**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?**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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

a Receive a severance payment or change of control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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?**b** Any related organization?

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?**b** Any related organization?

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

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
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				
Allan Allphin MD	(i) (ii) 821,269	11,914	15,950	19,913	11,093	880,139	391,325
David Barbe MD	(i) (ii) 243,541	57,243	36,959	61,553	11,112	410,408	137,331
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
Jon Swope	(i) (ii) 355,048	100,688	20,664	204,569	14,324	695,293	184,121
Michele Schaefer	(i) (ii) 275,763	83,667	37,704	84,592	13,418	495,144	153,121
Dennis Frieda	(i) (ii) 185,526		11,818	26,695	12,803	236,842	100,747
Linda Earnest	(i) (ii) 143,710	34,975	12,302	7,879	12,401	211,267	80,926
Susanne Miller	(i) (ii) 117,581	33,095	38,396	24,279	12,274	225,625	77,996
Pamela Reese	(i) (ii) 56,202	157,010	108,057	42,335	3,879	367,483	69,390
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

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

Software ID:
Software Version:

EIN: 44-0552485

Name: St John's Regional Health Center
 dba St John's Hospital

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				
Allan Alphin MD	(i) (ii) 821,269	11,914	15,950	19,913	11,093	880,139	391,325
David Barbe MD	(i) (ii) 243,541	57,243	36,959	61,553	11,112	410,408	137,331
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
Jon Swope	(i) (ii) 355,048	100,688	20,664	204,569	14,324	695,293	184,121
Michele Schaefer	(i) (ii) 275,763	83,667	37,704	84,592	13,418	495,144	153,121
Dennis Frieda	(i) (ii) 185,526		11,818	26,695	12,803	236,842	100,747
Linda Earnest	(i) (ii) 143,710	34,975	12,302	7,879	12,401	211,267	80,926
Susanne Miller	(i) (ii) 117,581	33,095	38,396	24,279	12,274	225,625	77,996
Pamela Reese	(i) (ii) 56,202	157,010	108,057	42,335	3,879	367,483	69,390

2008

Open to Public
Inspection**SCHEDULE O**
(Form 990)**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.**

Name of the organization
St John's Regional Health Center
dba St John's Hospital

Employer identification number

44-0552485

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

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Lines 3 & 4	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) 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) St John's Health System, Inc (EIN 43-1856028)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 6	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 7	Schedule R, Name of Other Organizations	St John's Mercy Health Care (EIN 43-1718408) St John's Mercy Foundation (EIN 56-2410022) St John's Mercy Hospital Foundation (EIN 56-2410020) St John's Mercy Health System - St John's Mercy Medical Center (EIN 43-0653493) St John's Mercy Health System - St John's Mercy Hospital (EIN 43-1066883) St John's Mercy Health Services, LLC (EIN 43-1664148) Mercy Medical Group (EIN 43-1771217) Mercy Affiliated Physicians, LLC (EIN 81-0559009) UH L Corp, Inc (EIN 74-2499535)

Identifier	Return Reference	Explanation
Form 990, Schedule R, Part V, Question 2, Line 8	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	Schedule R Approach	LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES. THE MAJORITY OF THE INTERCOMPANY/RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED THROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES. WITH THE CURRENT DESIGN OF THE ERP SYSTEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTED FROM LAWSON. DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P.

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

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

► See separate instructions

Department of the Treasury
Internal Revenue Service

Name of the organization
St John's Regional Health Center
dba St John's Hospital

Employer identification number

44-055248

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

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**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
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

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.

Software ID:

Software Version:

EIN: 44-0552485

Name: St John's Regional Health Center
dba St John's Hospital

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
St John's Health System Inc 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Company	MO	501c3	3	SMHS
Ozarks Regions Health Systems Inc 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501c3	3	St John's Health System Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501c3	11a	Ozark Regions Health Systems
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 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	Hospital	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
Hedlton Mercy Hospital Corporation 918 South Street 918 South Street Hedlton, 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) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?
							Yes	No		
Southern Oklahoma Diagnostic Center LLC 1011 Fourteenth Avenue NW Ardmore, OK73401 43-1971232	MRI Services	OK						No		No
Resource Optimization & Innovation LLC 645 Maryville Centre Dr Suite 200 St Louis, MO 63141 46-0468368	Central Distribution Center	MO						No		No
Mercy Ambulatory Surgery Center LLC 7301 Rogers Avenue Fort Smith, AR72917 71-0827721	Ambulatory Surgery Center	AR						No		No
Hot Springs Equipment Leasing LLC 300 Werner Street Hot Springs, AR71913 20-4340915	To acquire and lease diagnostic imaging equipment	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 Fourteenth 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			
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	N	321,412
(2)	(2) St John's Health System Inc	N	2,642,711
(3)	(3) Refer to Schedule O for name of other organizations	O	713,140,522
(4)	(4) Refer to Schedule O for name of other organizations	P	190,286,734
(5)	(5) Mercy Health Plans	O	3,455,854
(6)	(6) Refer to Schedule O for name of other organizations	P	24,756,756
(7)	(7) Refer to Schedule O for name of other organizations	O	165,327
(8)	(8) Refer to Schedule O for name of other organizations	O	196,900
(9)	(9) Mercy Health Plans	P	34,586,619
(10)	(10) Refer to Schedule O for name of other organizations	O	499,579

Additional Data

Software ID:
Software Version:
EIN: 44-0552485
Name: St John's Regional Health Center
dba St John's Hospital

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			
John Griesemer , Member	1 00	X					0	0	0
Sr Rebecca Hendricks , Member	1 00	X					0	0	0
Mary Kay Meek , Member	1 00	X					0	0	0
Larry O'Reilly , Chair	1 00	X					0	0	0
Patti Penny , Member	1 00	X					0	0	0
Norm Ridder PhD , Member	1 00	X					0	0	0
Peggy Taylor , Member	1 00	X					0	0	0
Allan Allphin MD , Ex-Officio	40 00	X					0	849,133	31,006
David Barbe MD , Ex-Officio	40 00	X					0	337,743	72,665
Kim Day , Vice-Chair	40 00	X	X				0	688,184	368,545
Fred McQuaery MD , Ex-Officio	40 00	X					0	751,209	35,522
Jon Swope , Ex-Officio	40 00	X					0	476,400	218,893
Andrew Reid , VP - Cardiology	40 00			X			134,203	0	10,670
Michele Schaefer , Sr VP - Regional Ops	40 00				X		397,134	0	98,010
Dennis Frieda , Medical Physicist	40 00				X		197,344	0	39,498
Linda Earnest , VP - Operations	40 00				X		190,987	0	20,280
Susanne Miller , VP - Operations	40 00				X		189,072	0	36,553
Pamela Reese , Chief Nurse Executive	40 00					X	321,269	0	46,214