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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
ST JAMES HEALTHCARE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
400 SOUTH CLARK STREET

City or town, state or country, and ZIP + 4
BUTTE, MT 597012328

D Employer identification number
81-0231785

E Telephone number
(406) 723-2500

G Gross receipts $ 78,042,322

F Name and address of principal officer
Chuck Wright
400 S Clark St
Butte, MT 597012328

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www StJamesHealthcare org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1976 | **M** State of legal domicile MT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of employees (Part V, line 2a)	**5**	675
6	Total number of volunteers (estimate if necessary)	**6**	72
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	-236,841
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-236,841

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	10,281	10,575
	9 Program service revenue (Part VIII, line 2g)	39,816,289	74,781,344
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-752,635	1,876,520
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,711	1,237,193
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,330,646	77,905,632
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	90,169	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,752,455	38,500,667
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	28,453,409	41,715,008
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,296,033	80,215,675
	19 Revenue less expenses Subtract line 18 from line 12	-10,965,387	-2,310,043

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	85,804,178	91,084,181
	21 Total liabilities (Part X, line 26)	21,817,071	30,175,040
	22 Net assets or fund balances Subtract line 21 from line 20	63,987,107	60,909,141

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-10

▶ JAMES DOYLE VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 190 CARONDELET PLAZA SUITE 1300 CLAYTON, MO 63105			EIN ▶ Phone no ▶ (314) 290-1000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE

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 501(c)(4) organizations and section 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 $ 52,626,343 including grants of $ 0) (Revenue $ 74,781,344)

ALL EXPENSES FOR PROGRAM SERVICES ARE RELATED TO PROVIDING PATIENT HEALTHCARE & COMMUNITY SERVICES THE NUMBER OF ADJUSTED PATIENT DAYS FOR THE YEAR WAS 16,983 SEE ALSO SUPPLEMENTAL INFORMATION SCHEDULE O, PART III LINE 4A

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 52,626,343

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	146		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	675		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	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)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	12		
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?				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?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?			Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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	Yes	
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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ▶

JAMES DOYLE
400 S CLARK ST
BUTTE, MT 59701
(406) 723-2414

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

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

1b Total . . . . . ▶	1,056,594	3,413,798	440,690

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 29

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK CORPORATION PO BOX 100401 PASADENA, CA 911890401	JANITORIAL ENGINEER	2,015,715
NORTHWEST EMERGENCY PHYSICIANS PO BOX 634850 CINCINNATI, OH 452634850	ER Doctors	1,737,836
Montana Intrvntnl Diag Rad 2969 AIRPORT RD HELENA, MT 596011201	RADIOLOGY DR'S	1,561,692
SIEMENS PO BOX 120001 DALLAS, TX 75312	COMPUTER MAINTENANCE	796,511

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	10,575			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		10,575			
Program Service Revenue			Business Code				
	2a	PATIENT CARE	900,003	74,084,648	74,084,648		
	b	CAFETERIA SALES	900,099	530,397	530,397		
	c	RENAL DIALYSIS	900,099	63,181	63,181		
	d	NUTRITION COUNSELING	900,099	50,469	50,469		
	e	BILLINGS ONCOLOGY	900,099	43,439	43,439		
	f	All other program service revenue		9,210	9,210		
	g	**Total.** Add lines 2a–2f		74,781,344			
	3	Investment income (including dividends, interest and other similar amounts)		308,871			308,871
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	0	0			
	b	Less rental expenses		0			
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)			0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	0	1,704,339			
	b	Less cost or other basis and sales expenses	136,690				
	c	Gain or (loss)	-136,690	1,704,339			
	d	Net gain or (loss)			1,567,649			1,567,649
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a	0				
	b	Less direct expenses	b	0				
	c	Net income or (loss) from gaming activities			0			
	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			0			
		Miscellaneous Revenue		Business Code				
	11a	PHARMACY INCOME		900,099	1,183,787			1,183,787
	b	JOINT VENTURE - SUMMIT SURGERY CENTER		621,990	405,406		405,406	
	c	JOINT VENTURE - SOUTHWEST MONTANA RADIOLOGY		621,400	-642,247		-642,247	
	d	All other revenue			290,247			290,247
	e	**Total.** Add lines 11a–11d			1,237,193			
	12	**Total revenue.** See Instructions			77,905,632	74,781,344	-236,841	3,350,554

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	474,054		474,054	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	30,017,683	22,834,289	7,183,394	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,884,118	1,411,204	472,914	
9	Other employee benefits	4,033,196	3,020,864	1,012,332	
10	Payroll taxes	2,091,616	1,566,095	525,521	
11	Fees for services (non-employees)				
a	Management	1,522,064	20,695	1,501,369	
b	Legal	0	0	0	
c	Accounting	41,777		41,777	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	14,102,877	10,001,827	4,101,050	
12	Advertising and promotion	133,902	30,313	103,589	
13	Office expenses	273,569	143,145	130,424	
14	Information technology	1,636,721		1,636,721	
15	Royalties	0			
16	Occupancy	74,617	47,165	27,452	
17	Travel	251,767	80,249	171,518	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	13,720	11,323	2,397	
20	Interest	0			
21	Payments to affiliates	1,381,945		1,381,945	
22	Depreciation, depletion, and amortization	5,590,359		5,590,359	
23	Insurance	726,956		726,956	
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	MEDICAL SUPPLIES	12,695,144	12,455,897	239,247	
b	TAXES	862,372	801,644	60,728	
c	UTILITIES	827,232	1,091	826,141	
d	RECRUITING	426,903	24,767	402,136	
e	EQUIPMENT LEASE	230,115	179,289	50,826	
f	All other expenses	922,968	-3,514	926,482	
25	**Total functional expenses.** Add lines 1 through 24f	80,215,675	52,626,343	27,589,332	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,862	1	2,246
	2	Savings and temporary cash investments		3,168,315	2	3,913,748
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,398,387	4	12,816,439
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		481,483	7	109,470
	8	Inventories for sale or use		2,266,985	8	2,400,841
	9	Prepaid expenses and deferred charges		1,089,841	9	484,252
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 108,478,582			
	b	Less accumulated depreciation	10b 56,643,534	52,253,895	10c	51,835,048
	11	Investments—publicly traded securities		2,727,689	11	9,542,252
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		6,707,861	13	7,289,261
	14	Intangible assets			14	283,786
	15	Other assets See Part IV, line 11			15	2,406,838
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		85,804,178	16	91,084,181
Liabilities	17	Accounts payable and accrued expenses		8,222,824	17	17,670,569
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		13,594,247	23	12,504,471
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		21,817,071	26	30,175,040
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		63,974,674	27	60,869,673
	28	Temporarily restricted net assets		12,433	28	39,468
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		63,987,107	33	60,909,141
	34	Total liabilities and net assets/fund balances		85,804,178	34	91,084,181

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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 the arrangement in Part XIV and complete the following table

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,181,966		4,181,966
b Buildings	0	69,173,719	31,902,777	37,270,942
c Leasehold improvements	0	10,334	1,895	8,439
d Equipment	0	33,131,103	23,301,696	9,829,407
e Other	0	1,981,460	1,437,166	544,294
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				51,835,048

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		
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)* ▶	7,289,261	

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

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

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

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

2. Fin 48 Footnote 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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319079240

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Captive Insurance Prem	46,263
Totals . . . . . ▶	0	0			46,263

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319079240

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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 _____	3a	Yes	
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 _____	3b	Yes	
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"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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 eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			2,999,200		2,999,200	6 020 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			8,804,233	6,548,728	2,255,505	4 530 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			11,803,433	6,548,728	5,254,705	10 550 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	22	22,341	466,223	2,740	463,483	0 930 %
f Health professions education (from Worksheet 5)	3	198	35,254		35,254	0 070 %
g Subsidized health services (from Worksheet 6)	3	454	1,278,927		1,278,927	2 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	3	830	588,983		58,983	0 120 %
j **Total** Other Benefits	31	23,823	2,369,387	2,740	1,836,647	3 690 %
k **Total.** Add lines 7d and 7j	31	23,823	14,172,820	6,551,468	7,091,352	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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	8	39,836	61,272		61,272	0 100 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy	2	1,525	6,067	2,800	3,267	
8	Workforce development						
9	Other						
10	**Total**	10	41,361	67,339	2,800	64,539	0 100 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,769,089		
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	3	0		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	21,835,771
6	Enter Medicare allowable costs of care relating to payments on line 5	6	26,257,514
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-4,421,743
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(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	Medical Arts Partner	Medical Offices	50 000 %		50 000 %
2	Summit Surgery Ctr	Outpatient Surgery Center	50 000 %		50 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST JAMES HEALTHCARE 400 SOUTH CLARK ST BUTTE, MT 59701	X	X					X		SKILLED NURSING FAC PHYSICIAN CLINIC

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

St James uses the FPG guidelines in determining eligibility

N/A

St James Healthcare through its Transitional Care Unit provided $1,202,354 in community benefit dollars The Transitional Care Unit provided a benefit to physicians and patients when home care was appropriate but assistance at home was not available This care was performed at a loss to the hospital as a benefit to the community and patient

N/A

St James Healthcare has billing and collection practices in place that take into account each patient's ability to pay, and that demonstrate our Core Value of Respect We work with each patient to help them understand their financial responsibility for care received, financial assistance available to them, and to establish payment programs An integral component of our Mission is to be good financial stewards This requires us to determine which patients are in need of charity care and which are able to contribute some payment for care received We maintain a balance that enables us to continue to provide charity care to those who need it most, and to ensure that we manage our resources so that we can continue to be here when people need us most In 2009, St James provided a total of $2,999,200 in traditional charity care and $2,255,505 for the unpaid cost of Medicaid In the St James Collection policy, if a patient is determined to be eligible for financial assistance at any time during the collection process, the account is reclassified as charity care, and collection efforts are stopped If patients are found eligible for benefits from Medicaid or other government sponsored funding or they are eligible for charity care (household income is less than 200% of the FPG), all efforts to collect from that patient will cease at the time that determination is made, and the discounts contained in the policy will NOT apply Self Pay patients who complete the screening process and who do not qualify for assistance are eligible for discounts based on their income level Some patients are presumed to be eligible for charity care discounts on the basis of individual life circumstances (e g , homelessness, no income, qualification for other assistance programs, deceased with no estate), and St James will grant 100% charity care discounts to these patients

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

As part of our Core Value of Response to Need, we take steps to determine where there is the most need to provide the greatest good Working in partnership with the Butte-Silver Bow Health Department, the Community Health Center, and other service agencies, St James participates in community needs assessments every 4 to 6 years Through close working relationships and partnerships with most of the service agencies in the community, St James is able to stay abreast of changes occurring in the community in the period between the formal assessments The last official Community Needs Assessment in which all community agencies participated was conducted in 2006 However, since that time, several agencies have conducted surveys on their own, and those results have been shared among the agencies including St James In addition, St James relies on annual county health statistics compiled by the Montana Department of Public Health and Human Services Currently, a community-wide needs assessment is under development The Butte Silver Bow Public Health Department and St James are serving as the lead agencies with 27 other agencies within the county participating The assessment is scheduled to be completed by the end of the third quarter We have completed a survey of all the agencies and have prioritized the needs within the community Next, we will survey the random segments of the community, and the survey analyst will then compile a prioritization list based on all the information

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

Our financial assistance and charity care policies strive to balance our Mission and responsible financial management, while carefully managing our resources As part of our responsibility to educate, we inform our patients and their families of the availability of financial and other forms of assistance We ensure they have a clear understanding of how to access this assistance, and we communicate this in a variety of ways to ensure that messages reach multiple audiences We clearly post our financial assistance and charity care policy, including financial assistance contact information, in high traffic areas throughout the facility including the emergency department We post our financial assistance and charity care policy, including financial assistance contact information, on our public website We provide materials and education when patients register, including discussing the availability of various government benefits, such as Medicaid or state programs, and assisting the patient with qualifying for such programs where applicable At the time of admission, we encourage our self pay patients to visit with a financial counselor to discuss qualifications for financial assistance, discounts or payment programs The financial counselor works with the patient to complete a financial assistance form to determine the level of assistance for which the patient may be eligible We ensure that our financial counselors, admission employees, social workers and other employees understand our policies to be able to assist patients in the most appropriate way We have a partnership with Western Security Bank to provide payment plans and medical credit lines This helps patients meet their financial obligations in a reasonable and dignified manner based on their ability to pay, and allows them to continue to ensure the ongoing welfare of their families This is done in accordance with our core value of respect

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

Silver Bow County, located in Southwestern Montana in a Medically Underserved Area, is the eighth largest county in the state with a population of 32,803, according to the 2008 Census Bureau estimates Butte-Silver Bow (Butte), the county seat, is the state's fourth largest city, but the population has been decreasing since 2000 Based on the 2009 Employment by Industry Table, produced by the Bureau of Business and Economic Research at the University of Montana in Missoula, state government, which includes higher education institutions, is the largest employer in Silver Bow County with 22 3% of the total employment Health care is the top private sector employer at 13% with St James Healthcare, the community's only hospital, as the largest single private employer Additional Butte-Silver Bow statistics from the 2009 Montana County Health Profiles, produced by the Montana Department of Public Health and Human Resources follow - Median income for Silver Bow County households in 2009 was $40,053 compared to Montana's median income of $43,000 - 37% of the local population is at 200% of the federal poverty level, 15% of the residents have an income below the poverty level, and 6% of those are below 50% of the poverty level - 93 7% of Butte's population is Caucasian, 2 9% is American Indian, 2 7% is Hispanic, 1 4% is Asian and Pacific, and 0 6% fall into other categories - Approximately 21% of Butte's residents are under 18, and 17% are over 65 This compares to the national averages of 24% under 18 and 13% over 65 - In May 2009, the unemployment rate in Butte increased to 5 9% This compares to a current state rate of 6 1% according to the U S Bureau of Labor statistics - Butte-Silver Bow has more females than males - Of the Butte-Silver Bow residents, ages 25 and over, 85 2% have a high school education or higher, 21 7% have a bachelor's degree or greater, and 6 9% have a graduate or professional degree - 14 % of the population is uninsured and 15% are covered by Medicaid From a health perspective, Butte-Silver Bow's leading causes of death are heart disease and cancer Rates of diabetes and COPD are high

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

We extend our care beyond our hospital's walls in order to improve the health of our community Our community building activities demonstrate the commitment Most of our community building activities are in the category of community support These activities promote health in the community in a number of ways We provide monthly food donations to the local food bank to ensure that it has a sufficient supply of food so its clients have nutritious food each month which in turn promotes better health Our Christmas in September program provides winter coats and other winter clothing to children in low-income families to ensure they are warm during the long, cold winter months in Butte Statistics show that 20 percent of Butte's children live in poverty Our employees are involved in a number of volunteer activities throughout the year that promote healthy living These encompass everything from raising funds for the youth program at the local YMCA to helping distribute food at the Food Bank St James' Foundation Gala is a fundraiser to purchase medical equipment to which the community would otherwise not have access In addition, the Gala helps educate the community on the health needs within its population The 3rd of July celebration is a time for families to gather and reconnect in a safe, alcohol-free environment to watch the annual fireworks display Sponsored by the St James Foundation, the event provides a venue for staff and others to provide information and answer questions about programs that can provide financial assistance when a medical need arises Vendor fees are used for St James Participate for Life (PAL) program that provide financial support when families must travel to another city or state to obtain medical services that are not available in Butte Service clubs throughout the community are focused on promoting healthy life styles for both children and adults, and St James staff actively participate in these clubs Throughout each month, we provide a significant number of free meals to the community to ensure that our poor population has access to nutritious food that helps them maintain better health In the area of community health improvement advocacy, we partner with public health agencies and serve on the boards and committees of these agencies that are focused on improving the health of the community St James Healthcare is the lead agency in a community-wide diabetes network outreach Many members of our dietary staff, nursing staff, and administrative staff work many hours to provide education and support to both our adult and child diabetic population

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)

St James Healthcare is an important part of our community and serve in many ways, from delivering core health care, to preventive care, to support of other civic groups In 2009, we provided community benefit totaling $7,091,352, including traditional charity care and the unpaid cost of Medicaid Our Board of Directors represent medical and business professionals and all provide hours of service in support of our hospital They are deeply involved in our needs assessment process, building programs and services, and community outreach to ensure that people know about services available to them through our hospital When St James has excess revenue over operating expenses, we use those funds to obtain current health care technologies and equipment, improve patient care, provide medical training education and research, and to expand access to points of care These investments ensure we'll be here to care for future generations St James Healthcare also contributes to the economy as a purchaser of goods and services, and is the major private employer in the community We also support our employees in volunteering for community organizations, including serving on community boards for organizations such as the local YMCA, Big Brothers and Sisters, the McDonald Family Place, the Butte Emergency Food Bank, the Butte Rescue Mission, Safe Space, and the Cancer Coalition We are good citizens and partner with other organizations and agencies to support a thriving community We support or are members of the Butte-Silver Bow Chamber of Commerce, the Butte-Silver Bow Local Development Corporation, Kiwanis, Exchange Club, 4-H, the Butte Education Foundation, all athletic programs for children and young adults and Rotary In addition, St James Healthcare is looked to in regard to providing health education to the community and to support and sponsor activities that promote health Following are details on programs and other activities provided by St James that promote and enhance the health of the overall communities it serves Athletic Activities St James Healthcare works with high schools throughout Southwest Montana and the college in Butte to provide athletic services that otherwise would not be available to area students St James pays 50% of the salaries for seven athletic trainers who work in the schools with the student athletes throughout the school year St James also provides very low cost ($5 to $10) physicals for students wishing to participate in athletic activities Health Events For the past three years, St James Healthcare has co-sponsored a Ticker Tuner Fun Run for the community In 2009, over 200 runners and walkers participated in either a 5 kilometer or a one mile run Proceeds from the event were used to help purchase new equipment for the St James Healthcare Cardiac Rehabilitation Department, which is extensively used by those in the community who have undergone cardiac treatment and require follow-on rehabilitation services Through the St James Healthcare Spirit of Women program, a community event, Day of Dance, was hosted Approximately 250 women from across Southwest Montana attended the event focused on heart health The key message at the event was that exercise in any form helps fight heart disease and strokes Free screenings for glucose and blood pressure were provided Another Spirit of Women program, held in October 2009, was Girls Night Out Attended by more than 300 area women, this program also focused on women's health issues, specifically, heart disease and breast cancer Free body mass index, blood pressure, and glucose screenings were conducted In addition, SJB provided discount coupons for seasonal flu immunizations to all in attendance St James Healthcare and the Butte Community Diabetes Network hosted a summer walking program Each week, a different member of our Medical Staff led a 1 5 mile walk on a community walking trail The event gave people an opportunity to get exercise while getting to know their physicians outside of the office The format for discussions was an informal question and answer session during and after the walk Over 300 residents and 15 physicians participated during the 10-week program

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 communites served

St James Healthcare is part of the Sisters of Charity of Leavenworth Health System (SCLHS), a faith-based, Mission-driven health care organization SCLHS operates 11 hospitals and four clinics for the uninsured in four states (California, Colorado, Kansas and Montana) SCLHS also is affiliated with two rural hospitals in Kansas and Montana The not-for-profit health system is headquartered in Lenexa, Kan , and comprises nearly 16,000 employees SCLHS is sponsored by the Sisters of Charity of Leavenworth, who opened their first hospital in 1864 Community benefits provided in 2009 throughout SCLHS totaled $204 9 million As part of SCLHS, we promote the shared Mission that "We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable " We are committed to living and demonstrating our Core Values of Excellence, Respect, Response to Need, Stewardship and Wholeness SCLHS supports its hospitals by providing guidance, oversight, and resources to help them accomplish initiatives that improve health in all our communities This includes coordinating community benefit processes, providing guidance with community needs assessments, and establishing consistent financial assistance and charity care policies and procedures Other ways SCLHS benefits its hospitals include quality improvement and performance excellence initiatives, system-wide IT implementation and infrastructure, strategic and operations direction and oversight, supply chain management and purchasing, benefits administration (including a wellness program free to employees that promotes their health and well-being), risk management, disaster planning and crisis assistance By sharing the work across our system we are able to lighten the burden for all in order to fulfill our Mission of improving health in our communities Each hospital is supported by a Foundation to access and optimize local philanthropic organizations and individuals These Foundations raise funds through outreach, special events, and building donor relations throughout their community to support the needs of the hospital In times of disaster, SCLHS comes to the aid of our communities and others outside our service areas An example of this is a system-wide response to send relief to the people of Haiti after the earthquake there SCLHS provided a match of monies raised by our employees throughout the system to donate a total of $127,255 to Catholic Charities for distribution to Haiti

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

CA,CO,KS,MT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Retirement and other 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 reportable compensation				
JOHN STEVENSON	(i)	471,418	0	0	0	0	471,418	0
	(ii)	0	0	0	0	0	0	0
BAIN FARRIS	(i)	0	0	0	0	0	0	0
	(ii)	415,904	10,000	4,132	19,600	10,588	460,224	0
JAMES DOYLE	(i)	0	0	0	0	0	0	0
	(ii)	162,832	0	3,957	17,844	8,899	193,532	0
JAMES KISER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	250,805	0	0	250,805	250,805
William M Murray	(i)	0	0	0	0	0	0	0
	(ii)	902,099	0	772,651	292,786	13,161	1,980,697	
Mike Rowe	(i)	0	0	0	0	0	0	0
	(ii)	506,160	0	77,993	31,078	8,785	624,016	0
Chuck Wright	(i)	0	0	0	0	0	0	0
	(ii)	248,795	0	58,470	26,147	11,802	345,214	0
Adam Childers	(i)	159,377	0	0	0	0	159,377	0
	(ii)	0	0	0	0	0	0	0
Shawn Smith	(i)	152,664	0	0	0	0	152,664	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Form 990, Schedule J, Part I, Line 3		See Form 990, Schedule O disclosure for Form 990, Part VI, Lines 15a & b regarding the process used by SCLHS to determine executive compensation which is relied upon by this organization
Form 990, Schedule J, Part I, Line 4a	Severance Amounts paid	The amount paid for severance in 2009 was James R Kiser $250,805
Form 990, Schedule J, Part I, Line 4b	Payments from Nonqualified Retirement Plan	Other reportable compensation shown in Schedule J Part II Column (B) (iii) contains an annual reporting adjustment for certain employees who participate in the supplemental nonqualified retirement plans SCLHS provides nonqualified retirement plans for executives to compensate for IRS imposed limitations in qualified retirement plans and to provide a benefit consistent with other not for profit health systems These plans enable the executive to earn benefits during each year that they participate On the advice of counsel, SCLHS has determined that these benefits should be subject to taxation as they are earned and vested rather than when they are received Therefore SCLHS changed the vesting of its nonqualified retirement plan benefits during 2008 As a result, the total nonqualified retirement plan benefits, which were accrued and vested in the current year, are now considered taxable and thus were taxed to the participants An amount equal to the participant's expected income tax liability was withdrawn from the participant's account and remitted to the IRS as withholding on the taxable benefit The amounts withdrawn from the plan for taxes in 2009 were Michael D Rowe $22,228 William M Murray $310,025
Form 990, Part VII and Form 990, Schedule J, Part II		The Sisters of Charity of Leavenworth Health System, Inc (SCLHS) consists of eleven hospitals and four clinics (Affiliates) in four states including St James Healthcare (St James) in Butte, Montana SCLHS and its Affiliates adhere to governance excellence standards including transparency and accountability William M Murray is President & Chief Executive Officer and Michael D Rowe is Senior Vice President, Chief Financial Officer, and Treasurer for SCLHS Mr Rowe serves and Mr Murray served as members of St James' board The compensation reflected is that of Mr Murray's and Mr Rowe's positions as SCLHS executives and not as members of St James' board In keeping with SCLHS' Core Value of Stewardship, no board member serving on SCLHS or Affiliate boards is compensated for that service Bain J Farris is Vice President, Administrator of Saint John Hospital in Leavenworth, Kansas which is an SCLHS Affiliate As a former officer of St James, this disclosure is required for 990 reporting purposes only The compensation reflected is that of Mr Farris' position as a Saint John executive and is not related to St James

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

Identifier	Return Reference	Explanation
PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS	St James Healthcare Community Benefit Report 2009 Community Diabetes Network St James Healthcare's primary market area has an extremely high rate of diabetes among both its young and older population Consequently, the need for diabetes education for providers and the general public was apparent In June 2008, the St James Foundation received a grant to develop a Community Diabetes Network to provide a continuum of care for diabetic patients in Southwest Montana Through this grant, St James hired a Diabetes Program Coordinator who is responsible for developing a community needs assessment, establishing both youth and adult diabetes support groups, and growing the Community Diabetes Network to ensure that a consistent diabetes education and prevention program is developed The Butte Community Diabetes Network was formed and is currently made up of a collaborative partnership between St James Healthcare, the Butte Family YMCA, the North American Indian Alliance, and two local physicians St James Healthcare Ticker Tuner Fun Run For the past two years, St James Healthcare has co-sponsored a Ticker Tuner Fun Run for the community In 2009, over 200 runners and walkers participated in either a 5 kilometer or a one mile run Proceeds from the event were used to help purchase new equipment for the St James Healthcare Cardiac Rehabilitation Department, which is extensively used by those in the community who have undergone cardiac treatment and require follow-on rehabilitation services Participate for Life (PAL) Program The Participate for Life (PAL) Program was established to offer financial assistance to individuals in our community who need to travel out of town to be with a loved one needing specialized medical treatment not offered in Butte as well as to help with expenses for patients who need to travel to Butte from outlining towns for treatment who could not afford to do so The PAL Program helped families with some type of financial assistance This assistance included gas cards, hotel expenses, bus vouchers, air plane tickets, or other expenses with which the families needed assistance 2009 Freedom Fest St James Healthcare and the Foundation joined again on July 3, 2009, to bring food and entertainment to Chester Steele Park before the annual fireworks display This annual event is a great opportunity for friends and family to gather and enjoy the summer evening This celebration gives us an opportunity to educate our community on the PAL program, and vendor fees help support the program Community Share Program - The Community Share Program was established by St James Healthcare employees to help community non-profit agencies who have specific needs Employees contribute to the program through payroll deductions Local non-profit agencies and organizations can then submit requests for grants The Community Share Program helped individuals and organizations in 2009 providing assistance to people Day of Dance for Cardiovascular Health and Girls Night Out Through the St James Healthcare Spirit of Women program, a community event, Day of Dance, was hosted Women from across Southwest Montana attended the event focused on heart health Our key message at the event was that St James Healthcare wants to work together as a hospital and as a community to fight back against heart disease and strokes Free screenings for glucose and blood pressure were conducted Another Spirit of Women program, held in October 2009, was Girls Night Out Attended by area women, this program focused on women's health issues Free body mass index, blood pressure, and glucose screening were conducted HEARTH Program The St James Healthcare Mission Council's HEARTH program continues to be a success We just launched a new component called "Cup of Greeno " This program uses left over coffee grounds from our Java City kiosk and packages them to give away and be used as fertilizer Other Community Benefit Donations Including the provision of health care for the poor and uninsured (charity care) and the unpaid cost of Medicaid, St James Healthcare also supported, through monetary or in-kind donations, a number of other community-enhancing activities Some of the other activities included - Ambulance transport services for the poor or uninsured - Mental health crisis response line - Prescription drug assistance for the poor or uninsured - Meals for more than 6,000 indigent people - Athletic programs, including providing athletic trainers and Low-cost sports physicials ($5), to all Southwest Montana schools and colleges - Free public talks on a variety of health issues (presented by medical staff) - Preceptor training for students majoring in nursing, physical and respiratory therapy, pharmacy etc
Part VI, Sec A, Line 6	MEMBERSHIP	THE SOLE MEMBER OF ST JAMES HEATHCARE IS THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC , A KANSAS NOT-FOR-PROFIT CORPORATION (THE "CORPORATE MEMBER") PART VI, SECTION A, LINE 7A&B ELECTION OF MEMBERS AND APPROVAL OF DECISIONS EXCLUSIVE POWERS OF THE CORPORATE MEMBER THE FOLLOWING POWERS ARE RESERVED TO THE CORPORATE MEMBER OF THIS CORPORATION AND NO ATTEMPTED EXERCISE OF ANY SUCH POWERS BY ANY ONE OTHER THAN THE CORPORATE MEMBER SHALL BE VALID OR OF ANY FORCE OR EFFECT WHATSOEVER (A) TO CHANGE THE MISSION AND PHILOSOPHY OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTOLLING MEMBER, (B) TO ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BY LAWS OF THIS CORPORATION AND THE ARTICLES AND BYWAS OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, (C) TO APPOINT, AFTER CONSULTATION WITH THE RESPECTIVE CORPORATE BOARD, THE BOARD OF DIRECTORS OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, (D) TO ENSURE THE PRESENCE OF THE SISTERS OF CHARITY OF LEAVENWORTH ON THE BOARD OF DIRECTORS OF THIS CORPORATION, TO APPOINT MEMBERS OF THE SISTERS OF CHARIY OF LEAVENWORTH TO THE BOARD OF DIRECTORS OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, WHICH APPOINTEES SHALL BE OTHERWISE QUALIFIED UNDER SECTION 2 OF ARTICLE IV OF THESE BY LAWS, (E) TO REMOVE, WITH OR WITHOUT CAUSE, AFTER CONSULTATION WITH THE RESPECTIVE CORPORATE BOARD, ANY MEMBER OF THE BOARD OF DIRECTORS OF THIS CORPORATION AND OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, (F) TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE CHIEF ADMINISTRATIVE OFFICER OF THIS CORPORATION AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, AFTER CONSULTATION WITH THE RESPECTIVE CORPORATE BOARD, THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE CORPORATE MEMBER AND THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE SCLHS MONTANA REGION, (G) TO IMPLEMENT CORPORATE GOALS, POLICIES AND PROCEDURES FOR THIS CORPORATION AND ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, (H) TO APPROVE FOR THIS CORPORATION, OR FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE, TRANSFER, ASSUMPTION, OR ENCUMBERING OF THE ASSETS PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER, (I) TO APPROVE THE MERGER, DISSOLUTION OR CORPORATE RESTRUCTURING OF THIS CORPORATION OR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, (J) TO APPROVE THE ANNUAL STRATEGIC PLANS AND OPERATING AND CAPITAL BUDGETS AND DEVIATIONS THERETO FOR THIS CORPORATION AND FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, (K) TO APPOINT THE AUDITORS OF THIS CORPORATION AND FOR ANY CORPORATION OF WHICH THIS CORPORATION IS THE CONTROLLING MEMBER, AND (L) TO (I) TRANSFER ASSETS, OR TO REQUIRE THE CORPORATION TO TRANSFER ASSETS, TO THE CORPORATE MEMBER OR AN ENTITIY CONTROLLED BY, CONTROLLING OR UNDER COMMON CONTROL WITH THE CORPORATE MEMBER, WHETHER WITHIN OR WITHOUT THE STATE OF DOMICILE OF THE CORPORATION, TO THE EXTENT DEEMED NECESSARY BY THE CORPORATE MEMBER TO ACCOMPLISH THE CHARITABLE GOALS AND OBJECTIVES OF THE CORPORATE MEMBER, AND (II) (NOTWITHSTANDING THE PROVISIONS OF SUBSECTION 2(h)), AUTHORIZE THE EXPENDITURE, HYPOTHECATION OR LOAN OF ASSETS OF THE CORPORATION TO ANOTHER CHARITABLE ENTITIY CONTROLLED, CONTROLLING OR UNDER COMMON CONTROL WITH THE CORPORATE MEMBER TO CARRY OUT THE CHARITABLE PURPOSES OF THE SCLHS SYSTEM AND TO FURTHER SECURE THE MEMBER'S MASTER TRUST INDENTURE OR SIMILAR FINANCING INSTRUMENT OR PROCESS THE EXCLUSIVE POWERS UNDER THIS SUBSECTION 2(L) ARE IN RECOGNITION OF THE BENEFITS ACCRUING TO THE CORPORATION FROM THE CORPORATE MEMBER, AND IN ADDITION TO ANY OTHER RIGHTS RESERVED TO THE CORPORATE MEMBER UNDER APPLICABLE LAW OR THE ARTICLES OF INCORPORTION OR BY LAWS OF THE CORPORATION IN COMPLYING WITH THE EXERCISE OF THE CORPORATE MEMBER'S EXCLUSIVE POWERS UNDER THIS SUBSECTION, THE CORPORATION SHALL NOT BE REQUIRED TO VIOLATE ITS STATEMENT OF PURPOSES AS SET FORTH HEREIN, THE TERMS OF ANY RESTRICTED GIFTS TO THE CORPORATION, THE COVENANTS OF ITS DEBT INSTRUMENTS, OR THE LAW OF ANY JURISDICTION
Part VI, Sec A, Line 11A		Prior to filing the 990 form with the IRS, St James Healthcare management provided copies for review of the 990 form to the Board of Director's Finance Committee The review process included formal acceptance and approval for completeness of the form before filing This review and approval was then reported to full Board of Directors for general Board acceptance
Part VI, Sec B, Line 12c	CONFLICT OF INTEREST POLICY	Duty to Disclose In order to avoid a conflict of interest, each SJH employee, hospital representative or interested person is obliged to identify any possible conflicts on interest to their Director or Vice President, or to the Organizational Responsibility Officer (ORO) Potential conflicts of interest do not automatically disqualify prospective vendors from consideration Willful failure to identify possible conflicts of interest may jeopardize employment status or relationship with SJH of the responsible individual Annual Statements A Each member of the Board of Directors, senior management team, contract SJH management representatives, any physicians who are in a decision-making/influencing role and compensated by SJH, and any other employee or member of the medical staff who fits the definition of an interested person are required upon appointment or hire and at least annually thereafter to sign a copy of the Statement Pertaining to Conflict of Interest and Disclosure of Certain Interests Policy B The Organizational Responsibility Program (ORP) Committee will review COI statements, and investigate all disclosures of possible conflicts of interest C The ORP Committee will prepare a report for the SJH Chief Executive Officer and the SJH Audit Committee D The SJH Audit Committee is responsible for final review and investigation of potential conflicts of interest and presentation of its findings to the SJH Board of Directors on an annual basis
Part VI, Sec B, Line 15 a&b		SCLHS employs the executive team at each of its hospital Affiliates As part of its annual review process, SCLHS uses the following in establishing the compensation of those in these positions - Compensation Committee -Independent Compensation Consultant - Form 990 of Other Organizations - Written Employment Contracts - Compensation Surveys and Studies - Approval by the Board or Compensation Committee The above support the Compensation Committee's efforts to ensure that the level of compensation provided to its executives (officers, key employees, etc) is consistent with market value and the pay philosophy set by the Board The pay philosophy set by the Board is to pay at the middle of the market for executives of similar sized organizations overall SCLHS' executive compensation is comparable to that provided in similar, not-for-profit healthcare systems and hospitals
Part VI, Sec C, Line 19	GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC	St James Healthcare Administration maintains governing documents, conflict of interest policy, and financial statements Upon request documents subject to disclosure are made available to the general public
Form 990, Part VII and Form 990, Schedule J, Part II		The Sisters of Charity of Leavenworth Health System, Inc (SCLHS) consists of eleven hospitals and four clinics (Affiliates) in four states including St James Healthcare (St James) in Butte, Montana SCLHS and its Affiliates adhere to governance excellence standards including transparency and accountability William M Murray is President & Chief Executive Officer and Michael D Rowe is Senior Vice President, Chief Financial Officer, and Treasurer for SCLHS Mr Rowe serves and Mr Murray served as members of St James' board The compensation reflected is that of Mr Murray's and Mr Rowe's positions as SCLHS executives and not as members of St James' board In keeping with SCLHS' Core Value of Stewardship, no board member serving on SCLHS or Affiliate boards is compensated for that service Bain J Farris is Vice President, Administrator of Saint John Hospital in Leavenworth, Kansas which is an SCLHS Affiliate As a former officer of St James, this disclosure is required for 990 reporting purposes only The compensation reflected is that of Mr Farris' position as a Saint John executive and is not related to St James
Part VII - Average Hours to Related Organizations by Management Team		The Sisters of Charity of Leavenworth Health System provides members of the St James Management Team that provide 40 per week to related organizations within the Sisters of Charity of Leavenworth Health System

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JAMES HEALTHCARE

Employer identification number
81-0231785

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

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Caritas Inc and subsidiaries 9801 Renner Blvd Suite 100 Lenexa, KS66219 48-0941069	other medical	KS	NA	c	0	0	0 %
LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVE PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	NA	N/A	0	0	0 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	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	(b) Transaction type(a-r)	(c) Amount involved
(1)	Southwest Montana Radiolgy	N	507,948
(2)	St James Healthcare Foundation Inc	P	136,842
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 81-0231785
Name: ST JAMES HEALTHCARE

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
Sisters of Charity of Leavenworth Health 9801 Renner Blvd Suite 100 Lenexa, KS66219 23-7379161	support mmbrs	KS	501(c)(3)	11B	NA
Caritas Clinics 818 North 7th Street Leavenworth, KS66048 48-1009910	clinic svcs	KS	501(c)(3)	3	NA
Marian Clinic Inc 1001 SW Garfield Topeka, KS66604 48-1046905	clinic svcs	KS	501(c)(3)	3	NA
Marillac Clinic Inc 2333 N 6th Street Grand Junction, CO81501 84-1085822	clinic svcs	CO	501(c)(3)	3	NA
Providence Medical Center 8929 Parallel Parkway Kansas City, KS66112 48-0784446	healthcare	KS	501(c)(3)	3	NA
St John Hospital Inc 3500 South Fourth Street Leavenworth, KS66048 48-0543768	healthcare	KS	501(c)(3)	3	NA
Bethany Community Plaza Inc 15 North 12th Street Kansas CIty, KS66102 48-1207407	healthcare	KS	501(c)(3)	3	NA
ProvidenceSaint John Foundation Inc 8929 Parallel Parkway Kansas City, KS66112 48-0925688	support 501c3	KS	501(c)(3)	7	NA
St Francis Health Center Inc 1700 SW 7th Street Topeka, KS66606 48-0547719	healthcare	KS	501(c)(3)	3	NA
St Francis Health Center Foundation 1700 SW 7th Street Topeka, KS66606 48-1092520	support 501c3	KS	501(c)(3)	11A	NA
StMary's Hospital & Medical Center Inc 2635 N 7th Street Grand Junction, CO81502 84-0425720	healthcare	CO	501(c)(3)	3	NA
St Mary's Hospital Foundation 2635 N 7th Street Grand Junction, CO81502 23-7001007	support 501c3	CO	501(c)(3)	11A	NA
Saint Joseph Hospital Foundation 1835 Franklin Street Denver, CO80218 84-0735096	support 501c3	CO	501(c)(3)	11A	NA
Holy Rosary Healthcare 2600 Wilson Miles City, MT59301 81-0231792	healthcare	MT	501(c)(3)	3	NA
Holy Rosary Foundation Inc 2600 Wilson Miles City, MT59301 20-2270238	support 501c3	MT	501(c)(3)	11A	NA
St Vincent Healthcare 1233 North 30th Billings, MT59101 81-0232124	healthcare	MT	501(c)(3)	3	NA
St Vincent Healthcare Foundation PO Box 35200 Billings, MT59107 81-0468034	support 501c3	MT	501(c)(3)	7	NA
Northwest Research & Education Institute 315 North 25th Street Billings, MT59101 20-1343024	comm hlth res	MT	501(c)(3)	9	NA
St James Healthcare Foundation Inc 400 SOuth Clark Street Butte, MT59701 65-1202190	support 501c3	MT	501(c)(3)	11A	NA
Saint John's Hospital and Health Center 1328 22nd Street Santa Monica, CA90404 95-1684082	healthcare	CA	501(c)(3)	3	NA
John Wayne Cancer Institute 2000 Santa Monica Blvd Santa Monica, CA90404 95-4291515	cancer R&D	CA	501(c)(3)	4	NA
St John's Hospital & Health Center Fdn 1328 22nd Street Santa Monica, CA90404 95-6100079	support501c3	CA	501(c)(3)	11A	NA
EXEMPLA INC FKA LUTHERAN HOSPITAL 2420 W 26TH AVE SUITE 100D DENVER, CO80211 84-1103606	HEALTHCARE	CO	501(c)(3)	3	NA
EXEMPLA LUTHERAN MEDICAL CENTER FNDTN 2480 W 26TH AVESUITE 360B DENVER, CO80211 20-8846152	SUPPORT 501C3	CO	501(c)(3)	7	NA
EXEMPLA GOOD SAMARITAN MEDICAL CENTR FND 200 EXEMPLA CIRCLE LAFAYETTE, CO80026 84-1649162	SUPPORT 501C3	CO	501(c)(3)	7	NA
LUTH MED CNTR PRO&GEN LIAB SELF-INS TRST 2480 W 26TH AVESUITE 360B DENVER, CO80211 74-2571584	INSURANCE	CO	501(c)(3)	11a	NA
MEDPARK INC 2480 W 26TH AVESUITE 360B DENVER, CO80211 84-1490379	PARKING	CO	501(c)(3)	7	NA
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO80218 84-0417134	HEALTHCARE	CO	501(c)(3)	3	NA

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?	
							Yes	No		Yes	No
PIL LLC 750 Wellington Grand Junction, CO81501 03-0516198	radiology	CO	NA	N/A	0	0		No	0		No
GVSC LLC 710 Wellington Grand Junction, CO81501 84-1505075	op surgery	CO	NA	N/A	0	0		No	0		No
SJCC LLC 600 SOuth 5th Street Montrose, CO81401 20-2856331	op cancer	CO	NA	N/A	0	0		No	0		No
BMRI LLC 1041 North 29th Street Billings, MT59101 81-0450943	MRI-PET scan	MT	NA	N/A	0	0		No	0		No
SWMR LLC 435 CRYSTAL ST Butte, MT59701 20-3042235	imaging cntr	MT	NA	N/A	0	0		No	0		No
LC ASC LLC 3455 LUTHERAN PKW WHEATRIDGE, CO800336028 02-0749532	OP SURGERY	CO	NA	N/A	0	0		No	0		No
CSV LLC 30 S WACKER DR SUITE 2302 CHICAGO, IL60605 20-8038915	OP SURGERY	CO	NA	N/A	0	0		No	0		No
CSH LLC 30 S WACKER DR SUITE 2302 CHICAGO, IL60605 20-8038977	OP SURGERY	CO	NA	N/A	0	0		No	0		No

Additional Data

Software ID:
Software Version:
EIN: 81-0231785
Name: ST JAMES HEALTHCARE

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David G Gates DIRECTOR	1 0	X						0	0	0
KAREN VANDAVEER Director	1 0	X						0	0	0
DAN STEELE Chairperson, Finance Committee	1 0	X						0	0	0
Gary Staudinger Chairperson	2 0	X						0	0	0
Joanne Cortese Vice-Chairperson	2 0	X						0	0	0
Sister Bernadette Helfert Director	2 0	X						0	0	0
Mike Johnson Director	1 0	X						0	0	0
Sister Rita McGinnis Director	1 0	X						0	0	0
David A Repola MD Secretary-Treasurer	1 0	X		X				0	0	0
William M Murray DIRECTOR	4 0 0	X						0	1,674,750	305,947
Loren Hines Director	1 0	X						0	0	0
Marcia Johnson Director	1 0	X						0	0	0
Mike Rowe Director	4 0 0	X						0	584,153	39,863
Andrea Stierle Director	1 0	X						0	0	0
JAMES DOYLE Chief Financial Officer	4 0 0			X				0	166,789	26,743
Chuck Wright President & CEO	4 0 0			X				0	307,265	37,949
JOHN STEVENSON Radiation Oncologist	4 0 0					X		471,418	0	0
Adam Childers Physician	4 0 0					X		159,377	0	0
Shawn Smith Physician	4 0 0					X		152,664	0	0
Linda Wing Manager of Pharmacy	4 0 0					X		137,059	0	0
Michael Douthitt Director of Pharmacy	4 0 0					X		136,076	0	0
BAIN FARRIS Former Chief Executive Office	4 0 0						X	0	430,036	30,188
JAMES KISER FORMER OFFICER	4 0 0						X	0	250,805	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT CARE	900,003	74,084,648	74,084,648		
CAFETERIA SALES	900,099	530,397	530,397		
RENAL DIALYSIS	900,099	63,181	63,181		
NUTRITION COUNSELING	900,099	50,469	50,469		
BILLINGS ONCOLOGY	900,099	43,439	43,439		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	12,695,144	12,455,897	239,247	
TAXES	862,372	801,644	60,728	
UTILITIES	827,232	1,091	826,141	
RECRUITING	426,903	24,767	402,136	
EQUIPMENT LEASE	230,115	179,289	50,826	