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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SAINT JOHN'S HOSPITAL & HEALTH CENTER		D Employer identification number 95-1684082
		Doing Business As Saint John's Health Center		E Telephone number (310) 829-8411
		Number and street (or P O box if mail is not delivered to street address) 2121 Santa Monica Blvd	Room/suite	G Gross receipts \$ 294,006,736
		City or town, state or country, and ZIP + 4 Santa Monica, CA 904042091		
		F Name and address of principal officer LOU LAZATIN CEO 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ▶ www.stjohns.org		H(c) Group exemption number ▶ 0928		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1942	M State of legal domicile CA

Part I		Summary		
Activities & Governance	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 <input checked="" type="checkbox"/> 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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 1,88	
	6	Total number of volunteers (estimate if necessary)	6 42	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 5,433,37	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	40,039,863	29,745,255
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,008,139	259,697,067
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	410,653	227,861
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,308,818	3,588,542
			184,767,473	293,258,725
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	355,061	1,493,671
	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)	68,323,015	121,382,944
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	93,488,034	158,854,462
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	162,166,110	281,731,077
	19	Revenue less expenses Subtract line 18 from line 12	22,601,363	11,527,648
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	544,335,890	643,460,589
	21	Total liabilities (Part X, line 26)	62,959,122	151,693,339
	22	Net assets or fund balances Subtract line 21 from line 20	481,376,768	491,767,250

Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2010-11-12</div> </div> <div> <div></div> <div>Date</div> </div>	
	<div> <div></div> <div>MICHELLE MOK CFO</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	<div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>		<div> <div>ERNST & YOUNG US LLP</div> <div>190 CARONDELET PLAZA SUITE 1300</div> <div>CLAYTON, MO 63105</div> </div>		<div> <div>EIN</div> <div></div> </div>
					<div> <div>Phone no</div> <div>(314) 290-1000</div> </div>

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

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

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 \$ 37,211,958 including grants of \$) (Revenue \$ 35,307,332)

ORTHOPEDICS SPECIALIZING IN JOINT AND SPINAL SURGERY, SAINT JOHN'S HAS BEEN RECOGNIZED AS A TOP 100 ORTHOPEDICS SPECIALTY HOSPITAL FOR HIP REPLACEMENTS, AND IN 2008 WAS THE HOST FACILITY FOR THE PRESTIGIOUS INTERNATIONAL LETOURNEL SYMPOSIUM ON HIP AND PELVIC TRAUMA

4b

(Code) (Expenses \$ 15,111,673 including grants of \$) (Revenue \$ 13,404,096)

OBSTETRICS OUR OBSTETRICS PROGRAM INCLUDES LABOR, DELIVERY AND RECOVERY SUITES, MOTHER-BABY COUPLET CARE UNIT, NEONATAL INTENSIVE CARE UNIT, LACTATION STORE, AND A SUPPORT PROGRAM FOR BREASTFEEDING MOTHERS

4c

(Code) (Expenses \$ 26,434,841 including grants of \$) (Revenue \$ 23,841,283)

CARDIAC CARE SAINT JOHN'S PROGRAM INCLUDES A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC CARDIAC SERVICES, INCLUDING LEADERSHIP WITH BLOODLESS MEDICINE AND BLOODLESS CARDIAC SURGERY, PERCUTANEOUS CORONARY INTERVENTIONS, ABLATIONS, AND TRADITIONAL CARDIAC SURGERIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 174,273,360 including grants of \$ 1,493,671) (Revenue \$ 183,049,527)

4e

















Total program service expenses

\$ 253,031,832

Form 990 (2009)

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	Yes				
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	No				
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, line 10? 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? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a258		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,881		
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		
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: <input type="text"/> 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	16	
b	Enter the number of voting members that are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		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	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
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 CA
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. MICHELLE MOK CFO 2121 SANTA MONICA BLVD SANTA MONICA, CA 904042091 (310) 829-8411

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

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

Form **990** (2009)

1b	Total	793,662	4,344,713	1,125,010
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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▶225

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cymetrix 5 Corporate Park Ste 280 IRVINE, CA 92606	Revenue Cycle Mgmt	8,445,746
Aramark Corporation PO Box 651009 CHARLOTTE, NC 28265	Food Service	4,700,640
COMFORCE 17682 MITCHELL 100 IRVINE, CA 92614	NURSING REGISTRY	6,587,679
Shane Miller Company 16681 N Woodson Dr RAMONA, CA 92065	Construction Mgmt	2,506,334
Medi-Dyn Ste 2 13111 E Briarwood Ave ENGLEWOOD, CA 80112	Environmental Svcs	2,476,701

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 ▶96

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	28,922,868			
	e	Government grants (contributions)	1e	801,896			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,491			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		29,745,255			
Program Service Revenue			Business Code				
	2a	PATIENT CARE REVENUE	621,500	258,290,415	253,182,619	5,107,796	
	b	RENTAL INCOME FROM AFFILIATED EXEMPT ORGANIZATION	531,190	1,406,652	1,406,652		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		259,697,067			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		423,037		325,576	97,461
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a	(i) Real					
		(ii) Personal					
		Gross Rents	1,074,784				
		Less rental expenses	552,835				
	b	Rental income or (loss)		521,949			
	c	Net rental income or (loss)		521,949			521,949
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	0				
		Less cost or other basis and sales expenses	195,176				
	b	Gain or (loss)		-195,176			
	c	Net gain or (loss)		-195,176			-195,176
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a					
		Less direct expenses b					
	b	Net income or (loss) from fundraising events . .		0			
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
		Less direct expenses b					
b	Net income or (loss) from gaming activities . .		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
	Less cost of goods sold b						
b	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue		Business Code					
11a	CAFETERIA SALES		722,210	973,066		973,066	
	b EDUCATION PROGRAM REVENUE		611,420	725,483	725,483		
	c PARKING REVENUE		812,930	616,185		616,185	
	d All other revenue			751,859	287,484	464,375	
	e Total. Add lines 11a-11d			3,066,593			
12	Total revenue. See Instructions		293,258,725	255,602,238	5,433,372	2,477,860	

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	1,493,671	1,493,671		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	336,941	202,369	134,572	
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	97,076,502	92,085,835	4,990,667	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,572,282	5,543,186	29,096	
9	Other employee benefits	11,216,022	10,108,893	1,107,129	
10	Payroll taxes	7,181,197	6,759,292	421,905	
11	Fees for services (non-employees)				
a	Management	4,663,578	3,290,778	1,372,800	
b	Legal	1,231,743	138,780	1,092,963	
c	Accounting	0			
d	Lobbying	82,764		82,764	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	13,483,226	13,021,609	461,617	
12	Advertising and promotion	1,167,976	20,294	1,147,682	
13	Office expenses	1,109,911	979,915	129,996	
14	Information technology	3,185,849	1,039,682	2,146,167	
15	Royalties	0			
16	Occupancy	8,529,410	6,658,367	1,871,043	
17	Travel	151,675	44,405	107,270	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	171,554	31,287	140,267	
20	Interest	246,369	246,369		
21	Payments to affiliates	4,347,600		4,347,600	
22	Depreciation, depletion, and amortization	14,728,874	14,693,730	35,144	
23	Insurance	3,908,761	1,631,630	2,277,131	
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	SUPPLIES	55,633,655	55,392,373	241,282	
b	BAD DEBT	7,459,040	7,459,040		
c	EQUIPMENT RENTAL & MAINTENANCE	6,202,082	6,054,392	147,690	
d	PATIENT BUSINESS AFFAIRS	6,840,259	6,840,259		
e	OTHER BUSINESS EXPENSES	6,986,464	5,124,002	1,862,462	
f	All other expenses	18,723,672	14,171,674	4,551,998	
25	Total functional expenses. Add lines 1 through 24f	281,731,077	253,031,832	28,699,245	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	27,590,430
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			52,134,266	3	45,334,264
	4	Accounts receivable, net			35,620,268	4	28,546,656
	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			6,128,938	7	6,171,871
	8	Inventories for sale or use			5,137,591	8	5,385,357
	9	Prepaid expenses and deferred charges			2,512,133	9	2,060,948
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	761,281,628	429,871,429	10c	525,800,885
	b	Less accumulated depreciation	10b	235,480,743			
	11	Investments—publicly traded securities			12,654,756	11	24,144
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			276,509	15	2,546,034
	16	Total assets. Add lines 1 through 15 (must equal line 34)			544,335,890	16	643,460,589
Liabilities	17	Accounts payable and accrued expenses			40,559,771	17	37,833,316
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			22,399,351	25	113,860,023
	26	Total liabilities. Add lines 17 through 25			62,959,122	26	151,693,339
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			428,575,706	27	445,861,634
	28	Temporarily restricted net assets			52,801,062	28	45,905,616
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			481,376,768	33	491,767,250
	34	Total liabilities and net assets/fund balances			544,335,890	34	643,460,589

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	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 . . .	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 		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 . .		

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 SAINT JOHN'S HOSPITAL & HEALTH CENTER	Employer identification number 95-1684082
---	--

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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization SAINT JOHN'S HOSPITAL & HEALTH CENTER	Employer identification number 95-1684082
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes ☐ No
- 5

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		29,052
	j Total lines 1c through 1i			29,052
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Lobbying Activity Explanation	Schedule C, Part II-B, line 1i	Saint John's Health Center is a member of and pays annual membership dues to the Alliance of Catholic Health Care and the Hospital Association of Southern California. Both organizations engage in lobbying activities and a percentage of the membership dues supports these activities.

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
SAINT JOHN'S HOSPITAL & HEALTH CENTER

Employer identification number
95-1684082

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		27,756,765		27,756,765
b Buildings		547,978,170	115,165,843	432,812,327
c Leasehold improvements		688,371	586,308	102,063
d Equipment		162,773,935	115,370,528	47,403,407
e Other		22,084,387	4,358,064	17,726,323
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				525,800,885

Schedule D (Form 990) 2009

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
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[illegible]**Schedule F (Form 990) 2009**

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.

[illegible]

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

[illegible]

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
SAINT JOHN'S HOSPITAL & HEALTH CENTER

Employer identification number
95-1684082

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 <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other _____ 350 %</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____</div>	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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	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)		3,273	1,487,551		1,487,551	0 530 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		907	2,887,380	2,010,510	876,870	0 310 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		4,981	615,021		615,021	0 220 %
d Total Charity Care and Means-Tested Government Programs		9,161	4,989,952	2,010,510	2,979,442	1 060 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	851,354	862,061		862,061	0 310 %
f Health professions education (from Worksheet 5)	5	369	678,836	46,394	632,442	0 220 %
g Subsidized health services (from Worksheet 6)	14	6,861	5,495,504	4,189,630	1,305,874	0 460 %
h Research (from Worksheet 7)	3	126	159,494	164,286	-4,792	
i Cash and in-kind contributions to community groups (from Worksheet 8)	13	64,791	1,874,797		1,874,797	0 660 %
j Total Other Benefits	51	923,501	9,070,692	4,400,310	4,670,382	1 650 %
k Total. Add lines 7d and 7j)	51	932,662	14,060,644	6,410,820	7,649,824	0

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements	1		418		418	
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy	1		1,374		1,374	
8Workforce development						
9Other	1	613	1,050,729	582,309	468,420	
10Total	4	619	1,052,521	582,309	470,212	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	22,013,941		
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	574,217,999		
6Enter Medicare allowable costs of care relating to payments on line 5	6104,953,065		
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7-30,735,066		
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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 IVManagement 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 %
1SM Wilshire Imaging	Outpatient Imaging Center	50.000 %	0 %	0 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Other (Describe)						
	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical
Licensed hospital							

SAINT JOHN'S HOSPITAL AND HEALTH CENTER
1328 22ND STREET
SANTA MONICA, CA 90404
SANTA MONICA WILSHIRE IMAGING
2200-2202 WILSHIRE BLVD
SANTA MONICA, CA 90404

X

X

X

OUTPAT IMAGING CTR

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

N/A

THE COMMUNITY BENEFIT REPORT IS SUBMITTED TO THE STATE OF CALIFORNIA AND CITY OF SANTA MONICA AND IS AVAILABLE UPON REQUEST THE REPORT WILL ALSO BE DISCUSSED DURING A COMMUNITY MEETING OPEN TO THE PUBLIC HELD AS PART OF THE COMMUNITY NEEDS ASSESSMENT SAINT JOHN'S HEALTH CENTER ALSO PLACES THE COMMUNITY BENEFIT REPORT ON ITS WEBSITE

Saint John's Health Center provides therapeutic preschool services to the local community

N/A

Charity care and other community benefit costs are calculated based on the cost-to-charge ratio and do not include bad debt expenses or non-patient care activity revenue

BAD DEBT EXPENSE AT COST IS CALCULATED BY THE COST-TO_CHARGE RATIO METHOD NO METHOD IS USED TO DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE BAD DEBT EXPENSES INCLUDE ACTUAL WRITE OFFS AND ANY ASSOCIATED RESERVE ON ACCOUNTS RECEIVABLE

Saint John's Health Center did not report any shortfall in Medicare reimbursement as community benefit on Part III, Line 8 The costing methodology used to determine the Medicare allowable cost is as reported on Saint John's Health Center's annual cost report filed with CMS for calendar year 2009

Saint John's Health Center 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 This balance enables us to continue to provide charity care to those who need it most, and to ensure that we will be here when people need us In 2009, SAINT JOHN'S HEALTH CENTER provided a total of \$1,487,551 in traditional charity care and \$876,870 unpaid cost of Medicaid

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 in order to provide the greatest good o SAINT JOHN'S HEALTH CENTER has conducted a formal needs assessment every three years since 1998, in accordance with California SB 697 The most recent survey was conducted in 2007, and one is scheduled to be completed in 2010 This assessment is done by partnering with local government and social agencies, combining efforts with other local hospitals and health care organizations, and conducting surveys and assessments with the assistance of outside consultants o We also continuously assess the needs of the community through close working relationships and partnerships with service agencies in the community and by evaluating state and county health statistics o The geographic area used for the Community Needs Assessment is determined by our long standing tradition of providing community benefits, through collaborative relationships with community groups, local governmental agencies and nonprofit organizations, and reliance of the community on Saint John's, as measured by patient origin o Local and State governments are represented in our community needs assessment process, as our annual Community Benefit Plan Report is submitted to the City of Santa Monica prior to submission to the State of California, (again per SB697), for the city to review and approve the annual report o Each year Saint John's convenes the Community Advisory Committee, composed of representatives of area non profit groups, city and county local government and Santa Monica-Malibu Unified school District, at least twice a year One meeting is dedicated to reviewing the needs assessment and prioritizing the needs Then we collaborate on planning, implementation and evaluating programs to address the agreed upon needs

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

SAINT JOHN'S HEALTH CENTER treats patients with respect and dignity regardless of their ability to pay Our financial assistance and charity care policy strives to balance our Mission and responsible financial management, while stewarding our resources As part of our responsibility to educate and inform, we believe it is important to help people understand what assistance is available to them and how to access it We communicate this in a variety of ways to ensure that messages reach multiple audiences We post a summary of our financial assistance and charity care policy, including financial assistance contact information, in admissions areas, emergency departments, billing offices, and other high traffic areas Brochures and take-away materials are also placed in these locations 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 We provide information that details our financial assistance policy and how it is administered At the time of admission, we encourage our self pay patients to visit with a financial counselor to discuss qualifications for financial assistance The financial counselor asks the patient to complete a financial assistance form to determine the level of discount for which the patient may be eligible If charity is denied, the patient is notified and the appeal process is explained We provide materials and education when patients are discharged, and include information in billing statements 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 provide this information in a variety of languages to reach people whose primary language is not English

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

In defining its "community" for purposes of the needs assessment and benefits plan, Saint John's Health Center considered the following three factors Collaborative relationships with community groups and organizations, reliance of the community on Saint John's, as measured by the hospital's market share and reciprocal reliance of Saint John's on the community, as measured by patient origin Saint John's Health Center defined its "community" to include the following cities and neighborhood areas (ZIP codes are shown in parenthesis) Santa Monica (90401 through 90405) Malibu (90265) Pacific Palisades (90272) Venice (90291) Marina del Rey (90292) Mar Vista (90066) Brentwood (90049) West Los Angeles (90025, 90034, 90064) Saint John's Health Center is located in ZIP code 90404, in the City of Santa Monica Three other hospitals are physically located in the health center's service area (ZIP code location of each hospital shown in parenthesis) UCLA-Santa Monica Hospital and Medical Center (90404) Kaiser Foundation Hospital - West Los Angeles (90034) Marina Del Ray Medical Center - Marina (90292) In addition, other area hospitals used by residents of the service area include UCLA Medical Center, Cedars-Sinai Medical Center, and Brotman Medical Center o Description of Our Community The description of our community is based on demographics and health status indicators from our most recent Community Needs Assessment conducted in 2007 Information was obtained from a variety of sources - Claritas Inc (a national vendor of demographic data), California Department of Health Services, Managed Risk Medical Insurance Board, UCLA Center for Health Policy Research, California Department of Education, Center for California Health Workforce Studies at the University of California - San Francisco, Centers for Medicare and Medicaid, Office of Statewide Health Planning and Development, and United States Department of Health and Human Services Based on estimates provided by Claritas Inc , the 2007 population of the service area is estimated at 405,196 persons (estimate based on Census 2000) In the next five years, the service area population is projected to increase 4.5 percent, to 423,385 persons Within the service area, the majority of residents are White (61.9 percent) Approximately 18.3 percent of residents are Hispanic, 11.3 percent are Asian/Pacific Islander, 4.7 percent are Black, and 3.5 percent are of other races or two or more races Among persons age 5 years and older in the service area, 66 percent speak English at home,16 percent speak Spanish, 10 percent speak a European language, 7 percent an Asian or Pacific Island language, and 2 percent other languages Among persons 25 years and older living in the service area, 11 percent have less than a high school education (no high school diploma), 12 percent are high school graduates, 19 percent have complete some college (no degree), and 59 percent have college, graduate or professional degrees There are an estimated 194,177 households in the service area, average household size is estimated at 2.05 persons per household Overall, 27 percent of households in the service area have an annual income under \$35,000, 30 percent of households have an annual income from \$35,000 to \$74,999 and 43 percent of households have an annual income of \$75,000 and over Based on enrollment figures provided for 2007 by the California Department of Health Services, there are 31,803 persons (an estimated 8 percent of the population) covered by Medi-Cal in the service area Based on enrollment figures provided for 2007 by Managed Risk Medical Insurance Board, there are 2,816 persons (an estimated 1 percent of the population) covered by Healthy Families program in the service area Based on 2007 estimates provided by Claritas Inc , there are 53,660 persons age 65 years and older (estimated at 14 percent of the total population) in the service area On average, there were 4,467 live births a year in the service area during the three-year period from 2004 through 2006 During this period, 53 percent of the births in the service area were to White mothers, 25 percent to Hispanic mothers, 14 percent to Asian/Pacific Islander mothers, 4 percent to Black mothers, and less than 1 percent to Native American mothers During the three-year period, 2 percent of births were to mothers under age 20 years, 27 percent to mothers age 20 to 29 years, 34 percent to mothers age 30 to 35 years, and 37 percent to mothers age 35 years and over During the three-year period, the percentage of births with late or no prenatal care was 4.6 percent The service area met the Healthy People 2010 objective of less than 10 percent late or no prenatal care During the three-year period, the average percentage of infants of low birth weight (under 5.5 pounds) was 7.3 percent The service area did not meet the Healthy People 2010 objective of less than 5.0 percent low birth weight infants During the three-year period from 2003 to 2005, the average number of deaths a year in the service area was 3,738 deaths Heart disease, cancer, and stroke were the three leading causes of death in the service area Ambulatory Care Sensitive (ACS) conditions are those for which timely and adequate clinical preventive and primary care services might avoid hospitalization Top ACS conditions resulting in hospitalization among residents of the service area in 2005-2006 were asthma, with asthma in persons over 65 years of age higher than Healthy People 2010 target (while still considerable lower than the state and/or county rate), uncontrolled diabetes in age 18 to 64 years, and immunization preventable pneumonia and influenza in age 65+ o Community Consultation As part of the 2007 Community Needs Assessment, thirty community leaders from local organizations - city and county health and human services offices, education (kindergarten through high school and community college), free and community clinics, and nonprofit agencies - were interviewed during a four-week period in April 2007 Questions focused on opinions regarding top health needs of those persons living in poverty and top health needs of the general population, effective approaches for local organizations to address identified health needs, suggested roles and activities for Saint John's Health Center, and Saint John's Health Center community activities perceived as strengths and opportunities for improvement Findings are highlighted below o Top health needs of persons living in poverty o Access to Quality Health Service o Preventive, primary and specialty care o Age-related services including well baby care, children's services and elder services o Women's services o Emergency medical care provision and useable alternatives o Follow-up care (for chronic conditions seen in the emergency rooms) o Ongoing management of chronic conditions o Catastrophic care for people who need long-term care o Navigating complex systems o Availability of Preventive Health Education o How to prevent diseases o Healthy foods, nutrition and exercise o Management of health conditions such as obesity, diabetes, hypertension, heart disease and asthma o Diet and medications o Prenatal classes in Spanish o Parenting o Prevention of youth violence o Sexually transmitted diseases o Access to Mental Health Services and Support o Discipline issues in families o Parenting o Bipolar disorders o Schizophrenia o Major depression o Substance abuse o Access to Dental Care Services o Diagnosis, checkups, cleanings, cavities, tooth pain, extractions and fixing dental problems o Health Insurance o Services for the Homeless o Psychiatric services, medications and treatment o Wound care o Basic medical services o Hepatitis C o Management of chronic health conditions such as hypertension, heart disease and diabetes o Recuperative or respite care (described as a place that the homeless can go when they are sick) o Access to healthy and nutritious foods (three meals a day) o Affordable Housing for individuals and families on the Westside o Top health needs of the general population o Access to Affordable Health Insurance and health o Disease Prevention o Caring for Aging Seniors o Mental Health Services o Dental Care o Affordable Housing Saint John's recognizes the following at-risk populations in our service area Persons living in poverty Seniors Children and youth The Health Center prioritizes its community benefit programs and services based on the health and human service needs of these at-risk and vulnerable populations Note Community benefit programs/services for these populations are treated as services for "vulnerable populations" in the Health Center's Community Benefits Plan

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

o We extend our care beyond our hospital's walls by being good community partners SAINT JOHN'S HEALTH CENTER provided \$1,330,481 (included child care program at CFDC) in financial support, volunteer efforts, and in-kind donations for community building activities in 2009 o We support a wide range of community programs and other health care initiatives that directly benefit our communities These include community health education classes, Health forums, presentations to encourage access to healthcare services for low income residents, flu shot clinics, health fairs and presentations to education groups o We partner with many organizations and agencies in the community to promote the overall well-being and health of the community for a continuum of care, including American Cancer Society American Red Cross, Santa Monica Chapter Cedars-Sinai Medical Center City of Los Angeles - Council District 11 - Bill Rosendahl's office City of Los Angeles - Housing Authority City of Santa Monica - Human Services City of Santa Monica - Social Services Commission CLARE Foundation Common Ground COPE - Community Outreach for Prevention and Education County of Los Angeles - Department of Health Services - Home Visitation Program County of Los Angeles - Department of Health Services - Planning Office County of Los Angeles - Department of Health Services - Public Health Office, SPA 5 County of Los Angeles - Department of Health Services - STD Program County of Los Angeles - Department of Health Services - West Vector Control Dist County of Los Angeles - Supervisor Zev Yaroslavsky's Office Daniel Freeman Memorial Hospital Didi Hirsch Community Mental Health Center Ed Edelman Mental Health Center Family Planning of Greater L.A. Family Service of Santa Monica Kaiser Permanente L.A. Care Health Plan Les Kelly Clinic Los Angeles Unified School District Loyola Marymount Student Health Services OPCC (previously Ocean Park Community Center) Planned Parenthood Los Angeles Saint John's Health Center Santa Monica-Malibu Unified School District Santa Monica/UCLA Medical Center UCLA Medical Center UCLA School of Medicine UCLA School of Nursing UCLA School of Public Health UCLA Sexual and Reproductive Health Services United Way of Greater Los Angeles Venice Family Clinic Veteran's Administration Medical Center - West Los Angeles Westside Center for Independent Living Westside Children's Center Westside Family Health Center Westside Shelter and Hunger Coalition WISE and Healthy Aging o Saint John's donated over 100 tons of furniture and equipment to local and international non profit agencies as we moved from our previous hospital to our new building o Saint John's co-generates 90% of the power used in the new hospital building, preventing use of community power o Saint John's recycles 20,000 gallons of water every day o Blood Drives that include education on blood and organ donation o Health fairs, screenings, seminars, events o Partnerships with St. Anne's Catholic Church and school o Saint John's was awarded the prestigious Sustainable Quality Award by the Santa Monica Chamber of Commerce in 2009 for our work in making Saint John's Health Center an environmentally neutral health center o All community building activities are directly associated with those needs identified in the Community Needs Assessment

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.) o We are 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 \$7,229,002 including traditional charity care and the unpaid cost of Medicaid o 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 o The community programs SAINT JOHN'S HEALTH CENTER provides or supports addresses unmet needs of special populations and improves the health of the community in many ways o Our collaboration with OPCC, the largest homeless service agency on the westside of Los Angeles, and the largest free clinic in the US, Venice Family Clinic, resulted in the opening of a RESPITE CARE center, which served 125 persons in the first year it was open o When SAINT JOHN'S HEALTH CENTER 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 o SAINT JOHN'S HEALTH CENTER also contributes to the economy as a purchaser of goods and services, and is a major employer o SAINT JOHN'S SUPPORTS THE NON PROFIT AGENCIES IN THE SERVICE AREA, BECAUSE THOSE AGENCIES HAVE DEMONSTRATED THEIR EXPERTISE AND EXCELLENCE AT RESPONDING TO THE NEEDS THEY CAN MEET, WHILE WORKING WITH SAINT JOHN'S TO ASSIST US IN MEETING THE ACUTE HEALTH NEEDS OF OUR SHARED SERVICE AREA WE PROVIDE CASH GRANTS TO THREE HEALTH CARE PROVIDERS IN OUR AREA, AND WE PROVIDE IN-KIND SERVICES WHEN THE CLINICS ARE UNABLE TO PROVIDE DIAGNOSTIC OR TREATMENT SERVICES FOR THEIR PATIENTS WE PROVIDE CASH GRANTS TO THE LOCAL SCHOOLS, TO AN AGENCY THAT SERVES THE ELDERLY, AND TO AGENCIES INVOLVED IN RESEARCH THAT CAN BE APPLIED TO ALL COMMUNITY MEMBERS OUR TOTAL ESTIMATED VALUE OF COMMUNITY BENEFITS REPORTED TO THE STATE OF CALIFORNIA IN 2009 WAS \$7,927,598 NOT COUNTING THE UNREIMBURSED COSTS OF MEDICARE ALL ACTIVITIES ARE IN ALIGNMENT WITH THE COMMUNITY NEEDS ASSESSMENT

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served o SAINT JOHN'S HEALTH CENTER is part of the Sisters of Charity of Leavenworth Health System (SCLHS), a faith-based, Mission-driven health care organization SCLHS operates eleven hospitals and four clinics for the uninsured in four states (California, Colorado, Kansas and Montana) SCLHS is also affiliated with two rural hospitals in Kansas and Montana The not-for-profit health system is headquartered in Lenexa, Kan , and is comprised of nearly 16,000 employees SCLHS is sponsored by the Sisters of Charity of Leavenworth, who opened their first hospital in 1864

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

CA,CO,KS,MT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAINT JOHN'S HOSPITAL & HEALTH CENTER

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
95-1684082

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

11

3

Enter total number of other organizations

3

Software ID:

Software Version:

EIN: 95-1684082

Name: SAINT JOHN'S HOSPITAL & HEALTH CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPCC1453 16TH STREET SANTA MONICA,CA 90404	95-6143865	501(C)(3)	151,150				Svc to mentally ill homeless women at Daybreak shelter
PICO YOUTH AND FAMILY CENTER715 PICO BLVD SANTA MONICA,CA 90405	48-1269398	501(C)(8)	45,000				Mental health & other svc to youth at risk for violence in high-crime area of Santa Monica
WESTSIDE FAMILY HEALTH CENTER1711 OCEAN PARK BLVD SANTA MONICA,CA 90405	95-2931931	501(C)(3)	87,000				Svc to pregnant women who qualify for free or reduced cost pre-natal services
SANTA MONICA MALIBU UNITED SCHOOL DISTRICT1651 16TH STREET SANTA MONICA,CA 90404	95-6002855	501(C)(3)	87,500				Mental health svc to children of 0-5 years who are identified at risk of child abuse
VENICE FAMILY CLINIC 604 ROSE AVE VENICE,CA 90291	95-2769432	501(C)(3)	153,500				OP svc to under Federal poverty guidelines
WISE SENIOR SERVICES 1527 4TH ST 2ND FL SANTA MONICA,CA 90401	95-2788014	501(C)(3)	61,000				Svc to elderly and under Federal poverty guidelines as unable to afford care
SAINT ANNE'S SCHOOL 2015 COLORADO AVE SANTA MONICA,CA 90404	95-1690538	501(C)(3)	50,000				Support for school designated as 80% qualified fr Title XX
SAINT JOSEPH CENTER204 HAMPTON DRIVE VINICE,CA 90291	95-3874381	501(C)(3)	52,000				MENTAL HEALTH & OTHER SVC TO THE POOR
AMERICAN RED CROSS OF SANTA MONICA1450 11TH STREET SANTA MONICA,CA 90401	95-1643966	501(C)(3)	10,000				SUPPORT OF EMERGENCY PREPAREDNESS
STEP UP ON SECOND1328 SECOND STREET SANTA MONICA,CA 90401	95-2767537	501(C)(3)	10,000				MENTAL HEALTH SVC TO DUAL-DIAGNOSED HOMELESS INDIVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA MONICA SALVATION ARMY1533 4TH STREET SANTA MONICA, CA 90404	95-1643372	501(C)(3)	5,600				SERVICES FOR THE POOR
SANTA MONICA CHAMBER OF COMMERCE1234 6TH ST STE 100 SANTA MONICA, CA 90401	95-1192245	501(C)(5)	8,500				SERVICES TO THE GREATER COMMUNITY
CALIFORNIA STATE UNIV DOMINGUEZ HILLS1000 EAST VICTORIA CARSON, CA 90747	95-4249043	501(F)	12,000				HEALTH PROFESSIONAL EDUCATION (LABORATORY TECHNOLOGIST)
JOHN WAYNE CANCER CENTER2200 SANTA MONICA BLVD SANTA MONICA, CA 90404	95-4291515	501(C)(3)	740,420				CANCER RESEARCH

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
SAINT JOHN'S HOSPITAL & HEALTH CENTER

Employer identification number
95-1684082

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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	Yes
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		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	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				
William Murray	(i)	0	0	0	0	0	0	0
	(ii)	902,099	0	772,651	292,786	13,161	1,980,697	0
Lou Lazatin	(i)	0	0	0	0	0	0	0
	(ii)	507,710	43,249	27,719	76,130	8,518	663,326	0
Eleanor Ramirez	(i)	0	0	0	0	0	0	0
	(ii)	316,838	14,583	5,486	50,553	14,010	401,470	0
MICHELLE MOK	(i)	74,743	22,705	20,775	7,685	8,664	134,572	0
	(ii)	165,084	0	1,320	35,283	1,339	203,026	0
MARGARET PFFEIFER	(i)	0	0	0	0	0	0	0
	(ii)	221,550	9,760	1,553	19,912	11,192	263,967	0
REBECCA SIASON	(i)	176,411	0	230	14,358	11,370	202,369	0
	(ii)	0	0	0	0	0	0	0
WILLIAM WATSON	(i)	367,859	0	44,329	32,000	9,448	453,636	0
	(ii)	0	0	0	0	0	0	0
MAURA WINESBURG	(i)	0	0	0	0	0	0	0
	(ii)	180,347	0	14,218	99,659	13,762	307,986	0
CHARLES PIETRAFESA	(i)	0	0	0	0	0	0	0
	(ii)	369,032	0	191,595	317,550	9,218	887,395	0
TAJQUAH HUDSON	(i)	0	0	0	0	0	0	0
	(ii)	289,436	0	2,505	47,479	8,136	347,556	0
TISH STARBUCK	(i)	0	0	0	0	0	0	0
	(ii)	210,125	9,770	31,083	13,276	9,521	273,775	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
COMPENSATION REVIEW PROCESS	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.
Severance Payments	Schedule J, Part I, Line 4a	The amounts paid for severance in 2009 were: Charles A. Pietrafesa-\$147,241.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	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: Latisha D. Starbuck-\$5,452; Maura C. Winesburg-\$4,819; William M. Murray-\$310,025. In addition, vested amounts are payable upon end of employment. The amounts withdrawn for this type of payment in 2009 were: Charles A. Pietrafesa-\$30,640.

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SCHEDULE O (Form 990)		Supplemental Information to Form 990			OMB No 1545-0047
		Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.			2009
Department of the Treasury Internal Revenue Service				Open to Public Inspection	
Name of the organization SAINT JOHN'S HOSPITAL & HEALTH CENTER				Employer identification number	
				95-1684082	

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		OTHER PROGRAM SERVICES FORM 990, PART III, PROGRAM SERVICE ACTIVITY 4 SAINT JOHN'S HEALTH CENTER'S (SAINT JOHN'S OR THE HEALTH CENTER'S) PRIMARY EXEMPT PURPOSE IS TO PROVIDE HIGH QUALITY HEALTH CARE SERVICES TO THE SURROUNDING COMMUNITY SAINT JOHN'S PROVIDED 187,924 OUTPATIENT VISITS IN ADDITION TO THE 58,246 DAYS OF CARE PROVIDED TO THE 14,402 PATIENTS ADMITTED TO THE HEALTH CENTER DURING JANUARY 2009 TO DECEMBER 2009 FOR OVER SIXTY YEARS, SAINT JOHN'S HEALTH CENTER HAS OFFERED A RANGE OF HEALTH CARE PROGRAMS AND SERVICES UNPARALLELED ON THE WEST SIDE OF LOS ANGELES IN ADDITION TO PRIMARY CARE, SAINT JOHN'S HAS BUILT A REPUTATION AS A LEADING PROVIDER OF SPECIALTY CARE BY RESPONDING TO THE NEEDS OF OUR PATIENTS AND COMMUNITY SAINT JOHN'S COMMITMENT TO EXCELLENCE IN SPECIALTY CARE HAS MADE IT THE HOSPITAL OF CHOICE FOR MANY OF THE AREA'S TOP PHYSICIANS SAINT JOHN'S IS HOME TO MANY PREMIER PROGRAMS, INCLUDING CARDIAC CARE SAINT JOHN'S PROGRAM INCLUDES A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC CARDIAC SERVICES, INCLUDING LEADERSHIP WITH BLOODLESS MEDICINE AND BLOODLESS CARDIAC SURGERY , PERCUTANEOUS CORONARY INTERVENTIONS, ABLATIONS, AND TRADITIONAL CARDIAC SURGERIES ORTHOPEDICS SPECIALIZING IN JOINT AND SPINAL SURGERY , SAINT JOHN'S HAS BEEN RECOGNIZED AS A TOP 100 ORTHOPEDICS SPECIALTY HOSPITAL FOR HIP REPLACEMENTS, AND IN 2008 WAS THE HOST FACILITY FOR THE PRESTIGIOUS INTERNATIONAL LETOURNEL SYMPOSIUM ON HIP AND PELVIC TRAUMA CANCER THE RESEARCH PROGRAMS OF JOHN WAYNE CANCER INSTITUTE (JWCI) ARE LOCATED AT SAINT JOHN'S THE JWCI'S RESEARCH ON MELANOMA BENEFITS PATIENTS LOCALLY AND AROUND THE WORLD THE JOYCE EISENBERG KEEFER BREAST CENTER IS A RECOGNIZED LEADER IN THE TREATMENT OF BREAST CANCER AND HAS BEEN RATED AMONG THE TOP TEN BREAST CANCER PROGRAMS IN THE NATION MATERNAL AND CHILD HEALTH OUR OBSTETRICS PROGRAM INCLUDES LABOR, DELIVERY AND RECOVERY SUITES, MOTHER-BABY COUPLET CARE UNIT, NEONATAL INTENSIVE CARE UNIT, LACTATION STORE, AND A SUPPORT PROGRAM FOR BREASTFEEDING MOTHERS EMERGENCY CARE SAINT JOHN'S 24-HOUR EMERGENCY DEPARTMENT IS A CRUCIAL FACILITY FOR THE WESTSIDE, TREATING OVER 30,377 PATIENTS FROM JANUARY 2009 TO DECEMBER 2009 CHILD AND FAMILY DEVELOPMENT CENTER THE CENTER PROVIDES A COMPREHENSIVE RANGE OF CULTURALLY SENSITIVE AND LINGUISTICALLY RESPONSIVE MENTAL HEALTH, OUTREACH, DEVELOPMENTAL AND EDUCATIONAL SERVICES AVAILABLE IN ENGLISH, SPANISH, AND AMERICAN SIGN LANGUAGE, SERVICES ARE OFFERED FOR CHILDREN, ADOLESCENTS, AND THEIR FAMILIES AT THE CENTER, SCHOOL SITES, HOMES AND OTHER LOCATIONS IN THE COMMUNITY ELECTING THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 6, 7A & 7B PURSUANT TO THE BYLAWS, SAINT JOHN'S HEALTH CENTER HAS A SOLE MEMBER, WHICH IS THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM (SCLHS) INDIVIDUALS NOMINATED FOR APPOINTMENT TO SAINT JOHN'S HEALTH CENTER'S BOARD OF DIRECTORS ARE RECOMMENDED TO AND MUST RECEIVE APPROVAL FROM SCLHS' BOARD OF DIRECTORS THE CEO AND SOME MEMBERS OF THE OFFICERS HAVE SHARED RESPONSIBILITIES BETWEEN JOHN WAYNE CANCER INSTITUTE AND SAINT JOHN'S HEALTH CENTER THE FOLLOWING INDIVIDUALS DEVOTE A PERCENTAGE OF THEIR TIME TO EACH ENTITY LOU LAZATIN 95% SAINT JOHN'S, 5% JOHN WAYNE MICHELLE MOK 95% SAINT JOHN'S, 5% JOHN WAYNE WILLIAM WATSON 75% SAINT JOHN'S FOUNDATION, 25% JOHN WAYNE TAJQUAH HUDSON 60% SAINT JOHN'S, 40% JOHN WAYNE FORM 990 REVIEW FORM 990, PART VI, SECTION B, LINE 11A AN ELECTRONIC COPY OF THE 990 AND ITS SUPPORTING SCHEDULES WERE DISTRIBUTED TO THE SAINT JOHN'S HEALTH CENTER MANAGEMENT TEAM AND GOVERNING BOARD FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS MONITORING AND ENFORCING COMPLIANCE FORM 990, PART VI, SECTION B, LINE 12C THE ADMINISTRATIVE DIRECTOR OF COMPLIANCE AND LEGAL, AUDIT COMMITTEE, AND GOVERNING BOARD REVIEW THE CONFLICT OF INTEREST STATEMENTS POTENTIAL CONFLICTS ARE REVIEWED BY THE ORGANIZATIONAL RESPONSIBILITY OFFICER AND THE CEO SIGNIFICANT ISSUES ARE REVIEWED BY THE COMPLIANCE AND LEGAL / AUDIT COMMITTEE AND THE GOVERNING BOARD AND RESOLVED ACCORDINGLY UNDER GUIDANCE FROM LEGAL COUNSEL TOP MANAGEMENT COMPENSATION FORM 990, PART VI, LINES 15A AND 15B 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 PUBLIC VIEWING OF DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19 SAINT JOHN'S HEALTH CENTER PROVIDES VIEWING OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST THROUGH ADMINISTRATION ADDITIONAL COMPENSATION DISCLOSURE FORM 990 PART VII AND 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 SAINT JOHN'S HOSPITAL AND HEALTH CENTER (SAINT JOHN'S) IN SANTA MONICA, CALIFORNIA SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY WILLIAM M MURRAY IS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR SCLHS HE ALSO SERVES AS A MEMBER OF SAINT JOHN'S BOARD THE COMPENSATION REFLECTED IS THAT OF MR MURRAY'S POSITION AS AN SCLHS EXECUTIVE AND NOT AS A MEMBER OF SAINT JOHN'S BOARD IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE LAND, BUILDING, AND EQUIPMENT FORM 990 PART X TITLE OWNERSHIP OF LAND AND BUILDINGS RECORDED ON SAINT JOHN'S HEALTH CENTER'S BALANCE SHEET RESIDES WITH THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

▶ **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.**

Employer identification number

95-1684082

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

(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.)

(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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	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 & SUBSIDIARIES 9801 Renner BLVD Suite 100 LENEXA, KS66219 48-0941069	OTHER MEDICAL	KS	NA	CORPORATION			
LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVE PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	NA				

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m Yes

1n Yes

1o Yes

1p Yes

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

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)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Software ID:

Software Version:

EIN: 95-1684082

Name: SAINT JOHN'S HOSPITAL & HEALTH CENTER

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 9801 RENNER BOULEVARD Ste 100 LENEXA, KS66219 23-7379161	SUPPORT	KS	501(C)(3)	11B	NA
JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICAL BLVD SANTA MONICA, CA90404 95-4291515	CANCER R&D	CA	501(C)(3)	4	SJSM
SAINT JOHN'S HEALTH CENTER FOUNDATION 1328 22ND STREET SANTA MONICA, CA90404 95-6100079	SUPPORT 501C3	CA	501(C)(3)	11A	SJSM
CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS66048 48-1009910	CLINIC SVCS	KS	501(C)(3)	3	NA
PROVIDENCE MEDICAL CENTER 8929 PARALLEL PARKWAY KANSAS CITY, KS66112 48-0784446	HEALTHCARE	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
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	SUPPORT501C3	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	SUPPORT501C3	KS	501(C)(3)	11A	NA
ST MARY'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	SUPPORT501C3	CO	501(C)(3)	11A	NA
SAINT JOSEPH HOSPITAL FOUNDATION 1835 FRANKLIN STREET DENVER, CO80218 84-0735096	SUPPORT501C3	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 HEALTHCARE FOUNDATION INC 2600 WILSON MILES CITY, MT59301 20-2270238	SUPPORT501C3	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	SUPPORT501C3	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 400 SOUTH CLARK BUTTE, MT59701 81-0231785	HEALTHCARE	MT	501(C)(3)	3	NA
ST JAMES HEALTHCARE FOUNDATION INC 400 SOUTH CLARK BUTTE, MT59701 65-1202190	SUPPORT501C3	MT	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 AVE SUITE 360B DENVER, CO80211 20-8846152	SUPPORT501C3	CO	501(C)(3)	7	NA
EXEMPLA GOOD SAMARITAN MEDICAL CENTR FND 200 EXEMPLA CIRCLE LAFAYETTE, CO80026 84-1649162	SUPPORT501C3	CO	501(C)(3)	7	NA
LUTH MED CNTR PRO&GEN LIAB SELF-INS TRST 2480 W 26TH AVE SUITE 360B DENVER, CO80211 74-2571584	INSURANCE	CO	501(C)(3)	11A	NA
MEDPARK INC 2480 W 26TH AVE SUITE 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) Dispropportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
GRAND VALLEY SURGIC 84-1505075 710 WELLINGTON GJ, CO81501 84-1505075	OP SURGERY	CO	N/A								
SJCC LLC 600 SOUTH 5 MONTROSE, CO81401 20-2856331	OP CANCER	CO	NA								
BMRI LLC 1041 N 29 BILLINGS, MT59101 81-0450943	MRI-PET SCAN	MT	NA								
SWMR LLC 820 W PLATINUM BUTTE, MT59701 20-3042235	IMAGING CNTR	MT	NA								
PIL LLC 750 Wellington GJ, CO81501 03-0516198	RADIOLOGY	CO	NA								
LC ASC LLC 3455 LUTHRN PKW WHEATRIDGE, CO80033 02-0749532	OP SURGERY	CO	NA								
CSV LLC 30 S WACKER CHICAGO, IL60605 20-8038915	OP SURGERY	CO	NA								
CSH LLC 30 S WACKER CHICAGO, IL60605 20-8038977	OP SURGERY	CO	NA								

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	SAINT JOHN'S HEALTH CENTER FOUNDATION	P	3,990,010
(2)	SAINT JOHN'S HEALTH CENTER FOUNDATION	C	28,198,746
(3)	JOHN WAYNE CANCER INSTITUTE	A	1,172,210
(4)	JOHN WAYNE CANCER INSTITUTE	N	283,934
(5)	JOHN WAYNE CANCER INSTITUTE	P	418,873
(6)	JOHN WAYNE CANCER INSTITUTE	B	740,420
(7)	JOHN WAYNE CANCER INSTITUTE	O	69,009
(8)	VINSERRA	P	79,479

Additional Data

Software ID:

Software Version:

EIN: 95-1684082

Name: SAINT JOHN'S HOSPITAL & HEALTH CENTER

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			
DALE LAURANCE PHD VICE CHAIRPERSON	1 0	X		X				0	0	0
Joel Kessler MD BOARD MEMBER	1 0	X						0	0	0
Mary H Flaherty VICE CHAIR	1 0	X		X				0	0	0
William Murray Board Member	1 0	X						0	1,674,750	305,947
Allan Goldman esq BOARD MEMBER	1 0	X		X				0	0	0
Iao Katagiri BOARD MEMBER	1 0	X						0	0	0
Paul Torrens MD BOARD MEMBER	1 0	X						0	0	0
Lou Lazatin Chief Executive Officer	40 0	X		X				0	578,678	84,648
James P Birdwell CHAIRPERSON	1 0	X		X				0	0	0
Sister Marie Madeleine Shonka Board Member	1 0	X						0	0	0
Rae W Archibald PHD CHAIRPERSON	1 0	X		X				0	0	0
CARL W MCKINZIE ESQ SECRETARY	1 0	X		X				0	0	0
SISTER MARIANNA BAUDER BOARD MEMBER	1 0	X						0	0	0
STEPHEN KUCHENBECKER MD BOARD MEMBER	1 0	X						0	0	0
sister constance phelps board member	1 0	X						0	0	0
Abbott Brown Board Member	1 0	X						0	0	0
Steaven Jones Board Member	1 0	X						0	0	0
Russ Kino MD Board Member	1 0	X						0	0	0
Peter Pelikan MD President, Medical Staff	40 0	X						86,610	57,000	0
MICHELLE MOK CHIEF FINANCIAL OFFICER	40 0			X				118,223	166,404	52,971
Eleanor Ramirez Chief Operating Officer	40 0				X			0	336,907	64,563
MARGARET PFFEIFER VP PATIENT CARE Services	40 0				X			0	232,863	31,104
REBECCA SIASON DIRECTOR SURGICAL SVCS	40 0				X			176,641	0	25,728
WILLIAM WATSON SENIOR VP/CHIEF DEV OFFICER	40 0					X		412,188	0	41,448
MAURA WINESBURG VP of Quality/Licensing	40 0					X		0	194,565	113,421

(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			
CHARLES PIETRAFESA CHIEF MEDICAL OFFICER	40 0					X		0	560,627	326,768
TAJQUAH HUDSON VP, STRATEGY & BUSINESS DEV	40 0					X		0	291,941	55,615
TISH STARBUCK VP, MISSION & ETHICS	40 0					X		0	250,978	22,797

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	55,633,655	55,392,373	241,282	
BAD DEBT	7,459,040	7,459,040		
EQUIPMENT RENTAL & MAINTENANCE	6,202,082	6,054,392	147,690	
PATIENT BUSINESS AFFAIRS	6,840,259	6,840,259		
OTHER BUSINESS EXPENSES	6,986,464	5,124,002	1,862,462	

Additional Data

Software ID:

Software Version:

EIN: 95-1684082

Name: SAINT JOHN'S HOSPITAL & HEALTH CENTER

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

1	(a) Description of Liability	(b) Amount
	ESTIMATED 3RD PARTY SETTLEMENT	186,419
	DEBT GUAR TO SANTA MONICA WILS	482,336
	CONSTRUCTION RETENTION LIABILI	1,207,753
	PYBL TO JOHN WAYNE CANCER INST	1,852,701
	OTHER PAYABLES	352,314
	LONG TERM DEBT	53,000,000
	INTEREST PAYABLE	778,500
	NOTES PAYABLE	56,000,000