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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

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

C Name of organization
St John's Regional Health Center

Doing Business As
St John's Hospital

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

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

D Employer identification number
44-0552485

E Telephone number
(417) 820-2000

G Gross receipts \$ 820,523,659

F Name and address of principal officer
Scott Reynolds
1235 E Cherokee
Springfield, MO 65804

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.stjohns.com

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile MO

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities ROOTED IN THE MISSION OF JESUS AND THE HEALING MINISTRY OF THE CHURCH, OUR MISSION IS TO PROVIDE HIGH QUALITY, COMPASSIONATE HEALTH CARE SERVICES IN A PERSONALIZED CHRISTIAN ENVIRONMENT		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 11		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 6		
	5	Total number of employees (Part V, line 2a) 5 7,689		
	6	Total number of volunteers (estimate if necessary) 6 0		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 2,357,509		
	b	Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	747,453,762	820,523,180
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	165
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	314
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	747,453,762	820,523,659
	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)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	315,721,334	315,978,381
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	0	0
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	388,399,024	449,600,517
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	704,120,358	765,579,299
			43,333,404	54,944,360
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	417,597,499	418,744,952
	21	Total liabilities (Part X, line 26)	115,975,223	141,005,365
	22	Net assets or fund balances Subtract line 21 from line 20	301,622,276	277,739,587

Part II

Signature Block

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

Signature of officer

2011-05-06

Date

Scott R Reynolds vice president - finance

Type or print name and title

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ▶

Phone no ▶ (314) 290-1000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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.

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

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

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

4e	Total program service expenses	\$ 547,951,587
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	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?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	• 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	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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	1a	0	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
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	2a	7,689	
	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)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	11	
b	Enter the number of voting members that are independent . . .	1b	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Scott Reynolds 1235 E Cherokee Springfield, MO 65804 (417) 820-2818	

1b Total	3,083,033	5,326,492	1,502,780
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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

145

		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>		No
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>	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>		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
METRO AVIATION INC PO BOX 7008 SHREVEPORT, LA 71137	aircraft operations	3,494,936
HEALTHLINK INC UNION PLANTERS BANK PO BOX 66971N ST LOUIS, MO 63166	mangd care processor	2,636,393
DEWITT AND ASSOC INC PO BOX 3378 GS SPRINGFIELD, MO 65808	CONSTRUCTION	2,052,375
MODERN BUSINESS INTERIORS 1023 PORTWEST DRIVE ST CHARLES, MO 63303	furniture install	1,571,597
SPRINGFIELD BUILDERS INC 619 NORTH JEFFERSON SPRINGFIELD, MO 65806	construction	1,533,790

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

41

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					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			0			
Program Service Revenue			Business Code					
	2a	Patient Service Revenue	622,110	811,120,418	808,867,330	2,253,088		
	b	RELATED ORG RENT	531,120	27,500	27,500			
	c	Other Operating Revenue		9,375,262	9,270,841	104,421		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			820,523,180			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			165		165	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
b	Less direct expenses		b					
c	Net income or (loss) from fundraising events . . .			0				
9a	Gross income from gaming activities See Part IV, line 19							
			a					
	b							
b	Less direct expenses		b					
c	Net income or (loss) from gaming activities . . .			0				
10a	Gross sales of inventory, less returns and allowances		a					
	b							
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .			0				
Miscellaneous Revenue		Business Code						
11a	VENDING REVENUE		900,099	314			314	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			314				
12	Total revenue. See Instructions			820,523,659	818,165,671	2,357,509	479	

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	401	401		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,760,478		1,760,478	
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	236,994,969	193,090,202	43,904,767	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,141,858	9,711,611	1,430,247	
9	Other employee benefits	49,336,855	34,672,034	14,664,821	
10	Payroll taxes	16,744,221	14,534,855	2,209,366	
11	Fees for services (non-employees)				
a	Management	44,468,516		44,468,516	
b	Legal	642,725		642,725	
c	Accounting	441,873		441,873	
d	Lobbying	124	124		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	35,625,897	26,304,296	9,321,601	
12	Advertising and promotion	4,246,606	182,692	4,063,914	
13	Office expenses	192,220,267	179,438,215	12,782,052	
14	Information technology	39,655,718	47,808	39,607,910	
15	Royalties	0			
16	Occupancy	15,911,456	2,707,738	13,203,718	
17	Travel	1,877,652	1,365,609	512,043	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	380,585	167,822	212,763	
20	Interest	0			
21	Payments to affiliates	8,270,871	153,982	8,116,889	
22	Depreciation, depletion, and amortization	38,612,789	19,443,558	19,169,231	
23	Insurance	13,341,422	13,341,422		
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	Bad Debt Expense	52,270,474	52,270,474		
b	MISCELLANEOUS	1,633,542	518,744	1,114,798	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	765,579,299	547,951,587	217,627,712	0
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			49,858,904	1	52,177,044
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			107,190,231	4	97,073,841
	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			43,087	7	2,644,786
	8	Inventories for sale or use			15,609,648	8	16,536,707
	9	Prepaid expenses and deferred charges			1,544,265	9	1,581,241
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	364,009,045	188,283,027	10c	196,259,069
	b	Less accumulated depreciation	10b	167,749,976			
	11	Investments—publicly traded securities				11	49,446,953
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	856,666
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			55,068,337	15	2,168,645
16	Total assets. Add lines 1 through 15 (must equal line 34)			417,597,499	16	418,744,952	
Liabilities	17	Accounts payable and accrued expenses			115,839,735	17	140,877,634
	18	Grants payable			0	18	22,758
	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			135,488	25	104,973
	26	Total liabilities. Add lines 17 through 25			115,975,223	26	141,005,365
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			301,622,276	27	277,739,587
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			301,622,276	33	277,739,587
	34	Total liabilities and net assets/fund balances			417,597,499	34	418,744,952

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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
St John's Regional Health Center

Employer identification number
44-0552485

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	

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

☐

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

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

☐

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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 St John's Regional Health Center	Employer identification number 44-0552485
--	--

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?		☐ Yes	☐ 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		42,820
	j Total lines 1c through 1i			42,820
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?			

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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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
Description of Other Lobbying Activities	Schedule C, Part II-B	The filing organization is a member of and pays dues to the following hospital associations: American Hospital Association, Missouri Hospital Association, and Catholic Health Association. For the year ended June 30, 2010, dues were \$51,659, \$80,872, and \$103,699, respectively. Approximately 25% of American Hospital Association dues, 30% of Missouri Hospital Association dues, and 55% of Catholic Health Association dues were attributable to lobbying activities performed by these associations.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
St John's Regional Health Center

Employer identification number
44-0552485

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	☐ Yes ☐ No

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

1

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
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

(ii)

related organizations

3a(i)

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	11,687,159	12,962,183		24,649,342
b Buildings		141,237,832	22,415,559	118,822,273
c Leasehold improvements		611,096	387,576	223,520
d Equipment		192,649,352	144,539,416	48,109,936
e Other		4,861,423	407,425	4,453,998
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				196,259,069

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
FIN 48 FOOTNOTE		The consolidated audited financial statements of the Sisters of Mercy Health System, Inc. and Subsidiaries do not include a footnote to report the organization's liability for uncertain tax provisions under FIN 48, as they are deemed immaterial for disclosure.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St John's Regional Health Center

Employer identification number
44-0552485

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☒ Applied uniformly to all hospitals ☐ Generally tailored to individual hospitals ☐ Applied uniformly to most hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <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 ☒ 100%☐ 150%☐ 200%☐ Other _____	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 ☐ 200%☐ 250%☒ 300%☐ 350%☐ 400%☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			22,758,574		22,758,574	3 190 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			116,069,551	113,845,814	2,223,737	0 310 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			138,828,125	113,845,814	24,982,311	3 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,674,168	4,238	1,669,930	0 230 %
f Health professions education (from Worksheet 5)			4,076,350		4,076,350	0 570 %
g Subsidized health services (from Worksheet 6)			13,089,173		13,089,173	1 830 %
h Research (from Worksheet 7)			156,794		156,794	0 020 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			112,503		112,503	0 020 %
j Total Other Benefits			19,108,988	4,238	19,104,750	2 670 %
k Total. Add lines 7d and 7j			157,937,113	113,850,052	44,087,061	6 170 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		3,770		3,770	
7	Community health improvement advocacy					
8	Workforce development		170,786		170,786	0.020 %
9	Other					
10	Total		174,556		174,556	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	219,344,340	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	30	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5182,849,532	
6	Enter Medicare allowable costs of care relating to payments on line 5	6222,571,279	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-39,721,747	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

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

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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves
*Springfield Community Focus Report 2009 *Buxton/Sg2 Community and Organizational Assessment 2010 *County Health Rankings 2010
*Missouri Hospital Association Southwest Region Assessing the Health of our Communities Report 2010 *Springfield Health Commission Report 2010 *Missouri Information for Community Assessment (MICA) *Community Roundtable/Event Information 2010 Our organization hosted community roundtables to ask our community what they perceive as needs in the community and to listen to what they thought we needed to be doing as a health care organization

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

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

See additional data

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

AR,MO,OK

Schedule H (Form 990) 2009

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
St John's Regional Health Center

Employer identification number
44-0552485

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		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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	Yes	
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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 3	The filing organization relies on a related organization, refer to Schedule O, Part VI, question 15a and 15b for the process the related organization follows. SCHEDULE J, PART I, QUESTION 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN SISTERS OF MERCY HEALTH SYSTEM OFFERS SUPPLEMENTAL RETIREMENT PLANS TO CERTAIN EXECUTIVES WHICH PROVIDE BENEFITS UPON RETIREMENT BASED ON COMPENSATION, AGE AT THE TIME OF BENEFIT COMMENCEMENT, LENGTH OF SERVICE WITH THE COMPANY AND/OR ITS AFFILIATES, AND LENGTH OF TENURE IN THE PLAN. THE INDIVIDUALS REPORTABLE ON THIS RETURN WHO PARTICIPATE IN THE SUPPLEMENTAL RETIREMENT PLANS INCLUDE BRADLEY DAY, FREDERICK MCQUEARY, DONN SORENSEN, MICHELE SCHAEFER, CHRISTOPHER KNACKSTEDT, JAMES BROOKHART, MICHAEL MERRIGAN, AND JON SWOPE. NO ONE RECEIVED PAYMENTS UNDER THE PLANS DURING THE CALENDAR YEAR ENDING DURING THE TAX YEAR. THE AMOUNT OF ALL ACCRUED BENEFITS ARE INCLUDED IN COMPENSATION AMOUNTS PROVIDED IN SCHEDULE J, PART II, COLUMN (C). SCHEDULE J, PART I, QUESTION 7 The filing organization provides a non-fixed bonus plan for which certain tiers of its employees are eligible. For fiscal year 2009 (July 1, 2008-June 30, 2009), payment of all or part of the bonus is contingent upon percentage attainment of (I) personal goals and (II) certain financial targets. For fiscal year 2010 (July 1, 2009-June 30, 2010), payment of all or part of the bonus is contingent upon attainment of certain financial targets. Payments are made annually in October following (I) the conclusion of the fiscal year and (II) determination of goal achievement (applicable only for fiscal year 2009). Bonus opportunities are tiered percentages and are dependent upon the leadership level and attainment percentage. Mercy's attainment of financial goals are validated by an external consulting firm and are then taken into account by the executive compensation committee of Mercy when analyzing executive compensation for reasonableness.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization St John's Regional Health Center	Employer identification number 44-0552485
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Identifier	Return Reference	Explanation
Supplemental Information		FORM 990, PART V, QUESTION 1A Vendors for the filing organization are paid by the Sisters of Mercy Health System (EIN 43-1423050) As such, all required Form 1099 and Form 1096 reporting is made for the entire Health System (with limited exceptions) under the SMHS EIN FORM 990, PART VI, QUESTIONS 6, 7A, & 7B THE FILING ORGANIZATION HAS A SOLE CORPORATE MEMBER, ST JOHN'S HEALTH SYSTEM, INC SUBJECT TO CONSULTATION WITH THE BOARD OF DIRECTORS, THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE RESERVED SOLELY TO THE CORPORATE MEMBER -TO APPROVE THE MISSION AND ESTABLISH THE PHILOSOPHY ACCORDING TO WHICH THE CORPORATION SHALL OPERATE, -TO ADOPT OR AMEND THE ARTICLES OF INCORPORATION AND BYLAWS IN ACCORDANCE WITH ARTICLES XII OF THESE BYLAWS, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, A MEMBER OF THE BOARD OF DIRECTORS OF THE CORPORATION, -TO APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT OF THE CORPORATION AFTER CONSULTATION WITH THE SYSTEM, -TO APPROVE OR AMEND THE OVERALL STRATEGIC, LONG RANGE, AND HEALTH MANPOWER DEVELOPMENT PLANS, GOALS AND OBJECTIVES OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, -TO APPROVE OR AMEND THE CONSOLIDATED OPERATING, CAPITAL, AND CONSTRUCTION BUDGETS FOR THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION AND CHANGES IN BUDGETS IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY SMHS, -TO AUTHORIZE AND APPROVE THE LEASE OR SALE OF ANY OF THE ASSETS OF THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION IN EXCESS OF AN AMOUNT ESTABLISHED FROM TIME TO TIME BY THE CORPORATE MEMBER, -TO AUTHORIZE AND APPROVE THE INCURRENCE OF DEBT BY THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION (OTHER THAN DEBT INCURRED FOR THE ACQUISITION OF GOODS THAT ARE ACQUIRED IN THE ORDINARY COURSE OF BUSINESS) AND TO GRANT ANY SECURITY INTERESTS, PLACE ANY ENCUMBRANCES, ENTER INTO ANY COVENANTS, AND EXECUTE ANY DOCUMENTS AND TAKE ANY ACTIONS NECESSARY OR APPROPRIATE IN CONNECTION WITH THE INCURRENCE OF SUCH DEBT, -TO MERGE, DISSOLVE, OR ABANDON THE CORPORATION OR ANY ORGANIZATION CONTROLLED BY THE CORPORATION, SUBJECT TO APPROVAL BY THE BOARD AS REQUIRED PURSUANT TO CHAPTER 355 OF THE REVISED STATUTES OF MISSOURI FOR GENERAL NOT-FOR-PROFIT CORPORATIONS ("THE ACT"), -TO APPROVE THE CREATION, OWNERSHIP OR ACQUISITION OF, OR AFFILIATION WITH, ANY OTHER ORGANIZATION CONTROLLED BY THE CORPORATION, AND, -TO APPROVE CONTRACTS IN WHICH THE CORPORATION ASSUMES FINANCIAL RISK, INCLUDING BUT NOT LIMITED TO MANAGED CARE CONTRACTS FORM 990, PART VI, QUESTION 11A DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 The Form 990 is prepared by an independent accounting firm, using information provided by the filing organization A draft Form 990 is reviewed by the filing organization's finance team, including the Controller and the Vice-President of Finance The draft Form 990 is also reviewed by the Sisters of Mercy Health System's Tax department, to ensure accuracy and consistency with other related organizations' Form 990s After questions arising from the various reviews are addressed and incorporated into the Form 990, a revised draft is provided to the filing organization's leadership team, including the CFO and CEO, for review Once reviewed and approved by the filing organization's leadership team, the Form 990 is provided to the Board of Directors for review, it is then signed and filed with the IRS FORM 990, PART VI, QUESTION 12C DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF ST JOHN'S HEALTH SYSTEM, INC AND ALL OF ITS SUBSIDIARY CORPORATIONS (COLLECTIVELY REFERRED TO AS "SJHS") WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A CO-WORKER, A MEMBER OF MANAGEMENT OR BOARD MEMBER OF SJHS THE PRESIDENT OF EACH CORPORATION AND SUB-DIVISION SHALL BE RESPONSIBLE FOR ADMINISTERING THE ANNUAL STATEMENTS OF DISCLOSURE FOR THEIR BOARD MEMBERS AND EXECUTIVE LEADERSHIP TEAM THE SJHS VICE-PRESIDENT OF HUMAN RESOURCES OR HIS/HER DESIGNEE SHALL BE RESPONSIBLE FOR ADMINISTERING ANNUAL STATEMENTS OF DISCLOSURE FOR SYSTEM SENIOR MANAGEMENT AND ADMINISTRATIVE COUNCIL TO ENSURE THAT SJHS OPERATES IN A MANNER CONSISTENT WITH THE CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS SHALL BE CONDUCTED FORM 990, PART VI, QUESTIONS 15A & 15B OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FOR THOSE CLASSIFIED AS OFFICERS (AND THUS DISQUALIFIED PERSONS), THE ORGANIZATION RELIED UPON SISTERS OF MERCY HEALTH SYSTEM, WHICH USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, ENGAGEMENT OF AN INDEPENDENT COMPENSATION CONSULTANT, AND REVIEW/APPROVAL OF COMPENSATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St John's Regional Health Center

Employer identification number
44-0552485

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

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

Part III

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (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
See Additional Data Table							

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

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

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.

[illegible]

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
Advance Care Hospital 300 Werner St 3rd Floor Hot Springs, AR71913 71-0816634	Hospital	AR	501(C)(3)	3	SMHS
Breech Regional Medical Center 100 Hospital Drive Lebanon, MO65536 43-1767432	Hospital	MO	501(C)(3)	3	St Johns HS
Carroll Health Foundation 214 Carter Street Berryville, AR72616 71-0759301	Foundation	AR	501(C)(3)	11a	Ozark RG HS
Casa de Misericordia 1602 McClelland Street Laredo, TX78044 74-2912461	Shelter	TX	501(C)(3)	7	MM Laredo
Healdton Mercy Hospital Corporation 918 South Street Healdton, OK73438 26-3173902	Hospital	OK	501(C)(3)	3	MMHC
Laredo Medical Group 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764726	Inactive	TX	501(C)(3)	9	MHS-TX
McAuley Portfolio Management Company 14528 S Outer Forty Ste 100 Chesterfield, MO63017 26-1708048	Invst Mgmt	MO	501(C)(3)	11b	SMHS
Mercy El Reno Hospital Corporation 2115 Parkview Drive El Reno, OK73036 73-6617948	LEASED HOSPT	OK	501(C)(3)	3	MHS
Mercy Emergency Medical Services Inc 4300 W Memorial Road Oklahoma City, OK73120 81-0627035	Inactive	OK	501(C)(3)	9	MHC
Mercy Foundation for Health Innovation 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-0901499	Foundation	MO	501(C)(3)	11b	SMHS
Mercy Health Center Foundation 401 Woodland Hills Blvd Fort Scott, KS66701 48-1077073	Foundation	KS	501(C)(3)	11c	MHS-KS
Mercy Health Center Foundation Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1593024	Foundation	OK	501(C)(3)	11a	MHC
Mercy Health Center Inc 4300 W Memorial Road Oklahoma City, OK73120 73-0579285	Hospital	OK	501(C)(3)	3	MHS
Mercy Health MHMCH Inc 220 Pennsylvania Avenue Columbus, KS66725 27-0842031	Hospital	MO	501(C)(3)	9	MHS-Joplin
Mercy Health of Joplin Foundation 2727 McClelland Blvd Joplin, MO64804 27-0906136	Foundation	MO	501(C)(3)	11a	MHS-Joplin
Mercy Health of Joplin Inc 2727 McClelland Blvd Joplin, MO64804 27-0814858	Hospital	MO	501(C)(3)	9	MHS-Joplin
Mercy Health Services Inc 4300 W Memorial Road Oklahoma City, OK73120 14-1838609	DISV 6/30/10	OK	501(C)(3)	9	MHC
Mercy Health System-Joplin Inc 2727 McClelland Blvd Joplin, MO64804 30-0584463	Hlth System	MO	501(C)(3)	11b	SMHS
Mercy Health System of Kansas Inc 401 Woodland Hills Blvd Ft Scott, KS66701 48-0956045	Hospital	KS	501(C)(3)	3	MHS-JOPLIN
Mercy Health System Northwest Arkansas 2710 Rife Medical Drive Rogers, AR72758 62-1684203	Phys Group	AR	501(C)(3)	11b	SMHS
Mercy Health System of Texas Inc 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-2764727	Inactive	TX	501(C)(3)	11b	SMHS
Mercy Health System Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1453048	Holding co	OK	501(C)(3)	11b	SMHS
Mercy Hosp Foundation of Independence 800 W Myrtle Independence, KS67301 48-1079981	Foundation	KS	501(C)(3)	11a	MHS-KS
Mercy Hospital of Laredo 14528 S Outer Forty Ste 100 Chesterfield, MO63017 74-1189682	Inactive	TX	501(C)(3)	3	MHS-TX
Mercy Medical Group 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1771217	Phys Group	MO	501(C)(3)	9	ST JOHN MHC
Mercy Memorial Health Center Foundation 1011 14th Avenue NW Ardmore, OK73401 71-0962525	Foundation	OK	501(C)(3)	11a	MMHC
Mercy Memorial Health Center Inc 1011 14th Avenue NW Ardmore, OK73401 73-1500629	Hospital	OK	501(C)(3)	3	MHS
Mercy Ministries of Laredo 2500 Zacatecas Laredo, TX78043 20-0198462	Outreach	TX	501(C)(3)	7	SMHS
Mercy Physicians of Oklahoma Inc 4300 W Memorial Road Oklahoma City, OK73120 27-0473057	Phys Group	OK	501(C)(3)	9	MHS
MHM Support Services 14528 S Outer Forty Ste 100 Chesterfield, MO63017 20-2553101	Sup Hlth Sys	MO	501(C)(3)	11b	SMHS

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
Mission Clinical Services 300 Werner Street Hot Springs, AR71913 13-4239691	Phys Group	AR	501(C)(3)	9	ST JOS MHS
Ozarks Regions Health Systems Inc 214 Carter Street Berryville, AR72616 71-0759299	Hospital	AR	501(C)(3)	3	ST JOHNS HS
Sisters of Mercy Health System 14528 S Outer Forty Ste 100 Chesterfield, MO63017 43-1423050	Sup Hlth Sys	MO	501(C)(3)	1	NA
Sisters of Mercy Ministries 14528 S Outer Forty Ste 100 Chesterfield, MO63017 72-1069468	Outreach	MO	501(C)(3)	7	SMHS
St Edward Hlth Fac-Franklin Co 801 W River Street Ozark, AR72949 71-0689680	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Hlth Fac-Logan Co 500 E Academy Paris, AR72855 71-0655753	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Hlth Fac-Scott Co 1341 W 6th Street Waldron, AR72958 71-0557895	Hospital	AR	501(C)(3)	3	SEMMC
St Edward Mercy Clinic Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318597	Phys Clinic	AR	501(C)(3)	9	SEMHS
St Edward Mercy Foundation PO Box 17000 Fort Smith, AR72917 23-7330425	Foundation	AR	501(C)(3)	7	SEMMC
St Edward Mercy Health System Inc 7301 Rogers Avenue Fort Smith, AR72917 26-1318515	Holding Co	AR	501(C)(3)	11b	SMHS
St Edward Mercy Medical Center 7301 Rogers Avenue Fort Smith, AR72917 71-0240352	Hospital	AR	501(C)(3)	3	SEMHS
St Francis Hospital 100 W Highway 60 Mountain View, MO65548 44-0607149	Hospital	MO	501(C)(3)	3	ST JOHNS HS
St John's Aurora Inc 500 Porter Avenue Aurora, MO65605 43-1936696	Lease Hosp	MO	501(C)(3)	3	St Johns HS
St John's Cassville Inc 94 Main Street Cassville, MO65625 43-1936699	Lease Hosp	MO	501(C)(3)	3	St Johns HS
St John's Children's Hospital Inc 1235 E Cherokee Street Springfield, MO65804	Inactive	MO	501(C)(3)	3	St Johns HS
St John's Clinic Inc 1965 Fremont Street Ste 2950 Springfield, MO65804 43-1560263	Phys Group	MO	501(C)(3)	9	St Johns HS
St John's Foundation for Community Hlth 1235 E Cherokee Street Springfield, MO65804 32-0195818	Foundation	MO	501(C)(3)	11b	St Johns HS
St John's Health System Inc 1235 E Cherokee Street Springfield, MO65804 43-1856028	Holding Co	MO	501(C)(3)	11b	SMHS
St John's Home Care of Berryville Inc 214 Carter Street Berryville, AR72616 87-0781247	Home Health	AR	501(C)(3)	11c	ST JOHN RHC
St John's Medical Research Institute 1235 E Cherokee Street Springfield, MO65804 87-0796305	Research	MO	501(C)(3)	4	ST JOHNS HS
St John's Mercy Foundation 645 Maryville Centre Dr St 100 St Louis, MO63141 56-2410020	Foundation	MO	501(C)(3)	11b	ST JOHN MHC
St John's Mercy Health Care 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1718408	Hlth System	MO	501(C)(3)	11b	SMHS
St John's Mercy Health System 645 Maryville Centre Dr St 100 St Louis, MO63141 43-0653493	Hospital	MO	501(C)(3)	3	ST JOHN MHC
St John's Mercy Hospital Foundation 901 E Fifth Street Washington, MO63090 56-2410022	Foundation	MO	501(C)(3)	11b	ST JOHN MHC
St John's Mercy Support Services 615 S New Ballas Road St Louis, MO63141 43-1677952	Inactive	MO	501(C)(3)	11c	ST JOHN MHS
St Joseph's Mercy Clinic Inc 1 Mercy Lane Hot Springs, AR71913 26-1125131	Phys Clinic	AR	501(C)(3)	9	ST JOS MHS
St Joseph's Mercy Health Center 300 Werner Street Hot Springs, AR71913 71-0236913	Hospital	AR	501(C)(3)	3	ST JOS MHS
St Joseph's Mercy Health Foundation 300 Werner Street Hot Springs, AR71913 71-0804718	Foundation	AR	501(C)(3)	11b	ST JOS MHC
St Joseph's Mercy Health System Inc 300 Werner Street Hot Springs, AR71913 26-1125064	Holding Co	AR	501(C)(3)	11b	SMHS
St Mary-Rogers Memorial Hospital Inc 2710 Rife Medical Lane Rogers, AR72758 71-0294390	Hospital	AR	501(C)(3)	3	MHS-NWA

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
St Mary's Hospital Foundation 2710 Rife Medical Lane Rogers, AR72858 71-0601687	Foundation	AR	501(C)(3)	11c	ST MARY RMC
St Mary's Hospital of Enid Oklahoma I 14528 S Outer Forty Ste 100 Chesterfield, MO63017 73-0614655	Inactive	OK	501(C)(3)	3	MHS
The Sister M Cornelia Blasko Foundation 100 W Highway 60 Mountain View, MO65548 43-1873914	Foundation	MO	501(C)(3)	11a	ST FRAN HOS
Unity Ambulatory Care 645 Maryville Centre Dr St 100 St Louis, MO63141 43-1861745	Inactive	MO	501(C)(3)	11c	ST JOHN MHC

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) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
HOT SPRINGS EQUIP 300 Werner Street Hot Springs, AR71913 20-4340915	DISSOLVED 9/30/09	AR	NA								
Hot Springs MRI 100 Ridgeway Place Hot Springs, AR72901 71-0675196	DISSOLVED 8/5/09	AR	NA								
Merc Ambu Surg CTR 7301 Rogers Avenue Fort Smith, AR72903 71-0827721	AMBULATORY S CTR	AR	NA								
RES OPT & INNOV 645 Maryville Centre Drive Suite St Louis, MO63141 46-0468368	CENTRAL DIST CTR	MO	NA								
SO OK DIAG CTR 1011 Fourteenth Avenue NW Ardmore, OK73401 43-1971232	MRI Services	OK	NA								
Fort Smith Emergency Medical Services 1701 South Greenwood Fort Smith, AR72901 71-0416615	Emergency Med SEV	AR	NA								
Southern Oklahoma PHO LLC 1011 Fourteenth Avenue NW Ardmore, OK73401 73-1462104	DISSLV 12/31/09	OK	NA								
HORIZONTAL PROPERTY 7301 Rogers Avenue Fort Smith, AR72903 71-0554050	Office Building	AR	NA								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
Consolidated Logistics Inc 2710 Rife Medical Lane Rogers, AR72758 71-0474406	DISSOLVED 8/4/09	AR		C-Corp			
Frontenac Properties Inc 14528 S Outer Forty Suite 100 Chesterfield, MO63017 52-1914421	HOLDING COMP	DE		C-Corp			
Inveno Health Inc 1235 E Cherokee Street Springfield, MO65804 26-4509571	IT SERVICES	MO		C-Corp			
Mercy Community Services Inc 401 Woodland Hills Blvd Fort SCOTT, KS66701 48-1078101	CATERING	KS		C-Corp			
Mercy Health Center Condominium Inc 4300 W Memorial Rd Oklahoma City, OK73120 68-0640970	REAL ESTATE	OK		C-Corp			
Mercy Health Network of the Southern Reg 1011 14th Avenue NW Ardmore, OK73401 73-1580607	HEALTH CARE	OK		C-Corp			
Mercy Health Network Inc 4300 W Memorial Road Oklahoma City, OK73120 73-1381689	HEALTH CARE	OK		C-Corp			
Mercy Managed Care Corporation 4300 W Memorial Road Oklahoma City, OK73120 73-1441665	HOLDING COMP	OK		C-Corp			
Mercy Medical Services Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 71-0641246	DISSOLVED 7/1/09	MO		C-Corp			
MHP Inc 14528 S Outer Forty Suite 300 Chesterfield, MO63017 43-1697084	HOLDING COMP	DE		C-Corp			
St Edward Medical Services Inc 7301 Rogers Avenue Fort Smith, AR72903 20-2965518	DISSOLVED 5/5/10	AR		C-Corp			
UH L Corp Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 74-2499535	HOLDING COMP	MO		C-Corp			
Unity Support Services Inc 645 Maryville Centre Drive Suite 1 St Louis, MO63141 43-1797042	MANAGEMENT	MO		C-Corp			

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	BREECH REGIONAL MEDICAL CENTER	O	51,799,497
(2)	BREECH REGIONAL MEDICAL CENTER	P	28,672,367
(3)	MHM SUPPORT SERVICES	O	2,455,572
(4)	MHP INC	O	3,891,624
(5)	MHP INC	P	37,227,618
(6)	OZARKS REGIONS HEALTH SYSTEMS INC	O	14,548,604
(7)	OZARKS REGIONS HEALTH SYSTEMS INC	P	8,129,465
(8)	RESOURCE OPTIMIZATION & INNOVATION LLC	O	34,880,529
(9)	SISTERS OF MERCY HEALTH SYSTEM	O	2,056,489
(10)	ST FRANCIS HOSPITAL MOUNTAIN VIEW MISSOURI	O	7,994,316
(11)	ST FRANCIS HOSPITAL MOUNTAIN VIEW MISSOURI	P	4,679,249
(12)	ST JOHN'S AURORA INC	O	9,100,960
(13)	ST JOHN'S AURORA INC	P	4,212,519
(14)	ST JOHN'S CASSVILLE INC	O	6,877,383
(15)	ST JOHN'S CASSVILLE INC	P	3,339,626
(16)	ST JOHN'S CLINIC INC	N	6,119,321
(17)	ST JOHN'S CLINIC INC	O	51,141,939
(18)	ST JOHN'S CLINIC INC	P	2,637,161
(19)	ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH I	O	136,427
(20)	ST JOHN'S FOUNDATION FOR COMMUNITY HEALTH I	P	626,916
(21)	ST JOHN'S HEALTH SYSTEM INC	N	99,973
(22)	ST JOHN'S HEALTH SYSTEM INC	O	451,317,507
(23)	ST JOHN'S HEALTH SYSTEM INC	P	17,771,313
(24)	ST JOHN'S MEDICAL RESEARCH INSTITUTE INC	O	1,576,603
(25)	ST JOHN'S MEDICAL RESEARCH INSTITUTE INC	P	93,626

Additional Data

Software ID:

Software Version:

EIN: 44-0552485

Name: St John's Regional 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			
Jon D Swope President/CEO - SJHS	40 0	X		X				0	644,028	215,997
Allan L Allphin Ex-Officio	40 0	X						0	979,322	31,556
Alexander R Hover Physician Member	40 0	X						0	586,869	43,810
Frederick G McQueary Ex-Officio	40 0	X						0	755,963	81,968
Donn E Sorensen VP-Ambulatory Operations	40 0	X						0	598,227	128,245
Ann Marie Baker Community Board Member	1 0	X						0	0	0
John Griesemer Community Board Member	1 0	X						0	0	0
Larry O'Reilly Community Board Member	1 0	X						0	0	0
Norm Ridder PHD Community Board Member	1 0	X						0	0	0
Patti Penny Community Board Member	1 0	X						0	0	0
Sr Rebecca Hendricks RSM Board Member	1 0	X						0	0	0
Scott R Reynolds SECRETARY/TREAS/CFO (INTERIM)	40 0			X				257,702	0	37,022
Jennifer L Buehler VP-Finance	40 0				X			202,729	0	25,379
Jay D Guffey COO	40 0				X			0	355,752	53,685
Lance Luria VP / Chief Med Officer	40 0				X			340,579	0	14,669
Ann Meuser VP - Mission Services	40 0				X			185,145	0	22,735
Andrew J Reid VP - Cardiology	40 0				X			225,387	0	18,910
Michele M Schaefer Sr VP - Regional Ops	40 0				X			428,075	0	59,810
Bradley K Day Former President/CEO - SJHS	40 0				X			0	880,180	454,041
Christopher M Knackstedt Former Secretary / Treasurer	40 0				X			0	526,151	9,925
James L Brookhart Sr VP - Human Resources	40 0					X		336,264	0	76,826
Michael Collison VP - Chief Medical Officer	40 0					X		290,362	0	43,657
Roger E Huckfeldt Medical Director	40 0					X		254,615	0	27,167
Michael W Merrigan Legal Counsel	40 0					X		310,715	0	87,995
Clarence Syler director - southern region	40 0					X		251,460	0	69,383

Identifier	Return Reference	Explanation
Supplemental Information		ACTION BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF THE SISTERS OF MERCY HEALTH SYSTEM FOR THOSE CLASSIFIED AS KEY EMPLOYEES, THE ORGANIZATION USES THE FOLLOWING TO ESTABLISH THE COMPENSATION EXTERNAL MARKET SALARY SURVEYS, EXTERNAL MARKET SALARY STUDIES, AND REVIEW/APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION REVIEWS ARE COMPLETED ON AN ANNUAL BASIS, AND A REVIEW WAS COMPLETED DURING THE REPORTING YEAR FORM 990, PART VI, LINE 19 PUBLIC AVAILABILITY OF GOVERNING POLICIES Governing documents, conflict of interest policy, and financial statements have been made available from time to time but are not published publicly FORM 990, PART VII, SECTION A AVERAGE HOURS PER WEEK AVERAGE HOURS PER WEEK DEV OTED TO ST JOHN'S HEALTH SYSTEM AND ITS SUBSIDIARIES IS DETERMINED TO BE 40 0 FOR EMPLOYEE BOARD MEMBERS AND 1 0 FOR NON-EMPLOYEE BOARD MEMBERS, UNLESS STATED OTHERWISE FORM 990, PART XI, QUESTION 2C OVERSIGHT OR SELECTION PROCESS The filing organization's financial s tatements w ere included in the Sisters of Mercy Health System, Inc and Subsidiaries annua l financial statement audit The Sisters of Mercy Health System, Inc and Subsidiaries rec eived an unqualified opinion from the external auditors for fiscal 2010 (the tax year curr ently being reported) However, no separate audit opinion is issued on the financial state ments of the filing organization The ultimate responsibility for oversight of the financi al statement audit and selection of the external auditor lies with the Finance, Audit, and Compliance Committee of the Sisters of Mercy Health System Board of Directors Audit resu lts are communicated to this committee FORM 990, SCHEDULE R, PART V LAWSON ERP SOFTWARE IS THE PRIMARY ACCOUNTING SOFTWARE USED BY SISTERS OF MERCY HEALTH SYSTEM, INC AND SUBSIDIARIES THE MAJORITY OF THE INTERCOMPANY /RELATED ORGANIZATION TRANSACTIONS ARE PROCESSED TH ROUGH LAWSON VIA INTERCOMPANY JOURNAL ENTRIES WITH THE CURRENT DESIGN OF THE ERP SY STEM, THERE ARE VARIOUS LIMITATIONS ON THE RELATED ORGANIZATION INFORMATION THAT CAN BE EXTRACTE D FROM LAWSON DUE TO THESE LIMITATIONS, MOST OF THE RELATED ORGANIZATION ACTIVITY FOR THE FILING ORGANIZATION HAS BEEN CLASSIFIED ON SCHEDULE R, PART V, IN LINES O AND P

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jon D Swope	(i)		0	0	0	0	0	0
	(ii)	412,287	181,699	50,042	201,960	14,037	860,025	0
Allan L Allphin	(i)	0	0	0	0	0	0	0
	(ii)	938,902	17,280	23,140	21,624	9,932	1,010,878	0
Alexander R Hover	(i)	0	0	0	0	0	0	0
	(ii)	541,432	21,453	23,984	32,786	11,024	630,679	0
Frederick G McQueary	(i)	0	0	0	0	0	0	0
	(ii)	588,793	123,327	43,843	72,037	9,931	837,931	0
Donn E Sorensen	(i)	0	0	0	0	0	0	0
	(ii)	413,120	141,761	43,346	115,574	12,671	726,472	0
Jennifer L Buehler	(i)	155,767	28,718	18,244	13,296	12,083	228,108	0
	(ii)	0	0	0	0	0	0	0
Jay D Guffey	(i)	0	0	0	0	0	0	0
	(ii)	263,306	38,277	54,169	40,391	13,294	409,437	0
Lance Luria	(i)	248,719	35,070	56,790	12,413	2,256	355,248	0
	(ii)	0	0	0	0	0	0	0
Ann Meuser	(i)	123,485	36,477	25,183	16,310	6,425	207,880	0
	(ii)	0	0	0	0	0	0	0
Andrew J Reid	(i)	174,415	31,866	19,106	6,398	12,512	244,297	0
	(ii)	0	0	0	0	0	0	0
Michele M Schaefer	(i)	305,069	79,980	43,026	51,147	8,663	487,885	0
	(ii)	0	0	0	0	0	0	0
Bradley K Day	(i)	0	0	0	0	0	0	0
	(ii)	571,003	277,089	32,088	439,523	14,518	1,334,221	0
Christopher M Knackstedt	(i)	0	0	0	0	0	0	0
	(ii)	323,427	48,527	154,197	4,900	5,025	536,076	0
James L Brookhart	(i)	220,101	65,794	50,369	65,333	11,493	413,090	0
	(ii)	0	0	0	0	0	0	0
Michael Collison	(i)	206,803	41,170	42,389	34,666	8,991	334,019	0
	(ii)	0	0	0	0	0	0	0
Roger E Huckfeldt	(i)	213,979	0	40,636	16,201	10,966	281,782	0
	(ii)	0	0	0	0	0	0	0
Michael W Merrigan	(i)	212,416	57,695	40,604	74,810	13,185	398,710	0
	(ii)	0	0	0	0	0	0	0
Scott R Reynolds	(i)	160,660	52,929	44,113	30,862	6,160	294,724	0
	(ii)	0	0	0	0	0	0	0
Clarence Syler	(i)	171,750	18,611	61,099	58,562	10,821	320,843	0
	(ii)	0	0	0	0	0	0	0

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Our organization uses Federal Poverty Guidelines (FPG) as the criteria for determining eligibility for free or discounted care. Free care is provided at 0-100% of the FPG. Discounted care is provided up to 300% of FPG. An asset test that does not include the applicant's primary residence is included in the application process for charity care.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization's community benefit report is prepared by its parent entity, St John's Health System

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Total expenses from Form 990, Part IX, Line 25, Column (A) are \$765,579,299 Included in this amount was is bad debt expense of \$52,270,474 Expenses for the purpose of calculating Line 7, Column (f) are \$713,308,825

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Patient accounts that are uncollected, including those placed with collection agencies, are initially charged against the allowance for uncollectible accounts in accordance with collections policies of the Health System and, in certain cases, are reclassified to charity care if deemed to otherwise meet the health system's charity care policy. The provision for uncollectible receivables is based on management's assessment of historical and expected net collections considering business and economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assess the adequacy of the allowance for uncollectible receivables based upon the payor composition and aging of receivables as of the reporting date with consideration of the historical payment and write-off experience by payor category. The results of these reviews are then used to make any modifications to the provision for uncollectible receivables to establish an appropriate allowance for uncollectible receivables. After satisfaction of amounts due from insurance, the health system follows established guidelines for placing past-due balances with collection agencies. To determine the amount of bad debt expense, at cost, bad debt expense attributable to patient accounts was multiplied by a ratio of cost to charges. The ratio of cost to charges used was based on detailed cost accounting, where available. Where cost accounting is not available, cost report cost to charge ratios were utilized. The filing organization determined that the estimated amount of bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy is \$0. Although the charity care policy requires the participation of the patient requesting assistance, we have a process under presumptive charity (refer to disclosure for Part III, #9b) to address accounts for patients who do not provide the information. We believe that our charity policy is comprehensive enough to capture almost all patients who qualify for charity care.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Medicare shortfall was computed using the annual Medicare Cost Report (CMS Form 2552-96) It is the position of the filing organization that 100% of the short fall should be treated as community benefit This amount represents cost of providing services that remain uncompensated to the provider

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Presumptive Charity Mercy will utilize the Search America tool to enhance our ability to determine charity qualification. Presumptive charity will be granted in situations where we have been unable to obtain information from our patients or the information provided is not complete enough to make a charity determination. Mercy will utilize presumptive charity prior to bad debt placement for charity adjustments in excess of \$10,000. In these cases, Mercy will utilize the Search American report status of "probable charity" as the basis for the assigning the charity level. Mercy will pursue appropriate means in the collection of delinquent accounts from patients with an established ability to pay or an unwillingness to cooperate in validating eligibility for financial assistance, including legal action consistent with Mercy mission and values, which may include liens upon real property and reasonable wage garnishments. Legal actions will generally not include bank garnishment, repossession of assets or foreclosures to enforce satisfaction of lien. Mercy has policies and procedures established to address the initiation of legal action. Mercy annually reviews collection agency compliance with all policies.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

N/A

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

The filing organization has printed material available at each point of registration in our facility, in addition to electronically availability at our web site. Specific information provided: Financial Assistance Information. As a part of our healing ministry, the filing organization is committed to providing quality healthcare services to patients regardless of their financial situation. We offer payment assistance for those who do not have insurance or who are in financial need. Uninsured Patient Discounts: A discount from the hospital's regular billed charges will be provided to patients who do not have insurance. This includes patients whose financial situation normally would not otherwise qualify them for charity care discounts. Patients without insurance whose financial situation qualifies them for charity care discounts (see Eligibility Guidelines below) must first find out if they are eligible for Medicaid before applying for financial assistance. Patients denied Medicaid eligibility then must provide certain information to show financial need. Applications for charity care discounts will be reviewed for eligibility based on the applicant's income, family size, amount of payment due and availability of other assets or resources. Please note that care must be medically necessary to be considered eligible for uninsured patient discounts. Eligibility Guidelines for Charity Care Discounts: The Federal Poverty Guidelines for income are the basis for determining eligibility for charity care discounts. For example, individuals with incomes below 100% of the Federal Poverty Guidelines will be eligible for free care. Individuals with incomes greater than 100% of the Federal Poverty Guidelines may be eligible for care at discounted rates depending on their income level and/or the amount due to the hospital. Additional Financial Assistance: After appropriate discounts have been applied, arrangements may be made for an interest-free monthly payment plan. Generally, no patient's financial responsibility will be greater than 10% of annual household income, adjusted to consider availability of other assets that could be used toward making payments.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

*The primary service area for St John's Springfield is comprised of 13 counties with a population of 694,000. The city of Springfield has two major not-for-profit health systems, St John's and CoxHealth. Our community also has one Federally Qualified Health Center (Jordan Valley), one Free Clinic (the Kitchen Clinic), and one small hospital (Ozark Community Health Center). *St John's includes 6 acute care hospitals, 72 clinics, and 8 urgent care sites. Collectively, we serve 40 communities in Missouri and Arkansas. *Leading cause of death is attributed to injuries for residents under age 45 and cancer and heart disease for residents over age 45. Tobacco use and obesity are prevalent health concerns in our community. *In 2008, Greene County had 15.9% of the population living at or below the federal poverty level. This was above the national average of 13.4 for Missouri and 12.7 for the U.S. *According to the Greene County Health Department, the city of Springfield has approximately 40,000 individuals currently without insurance.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

*Isabel's House - Greene County has a high child abuse rate Isabel's House is dedicated to the prevention of child abuse and neglect and to strengthening families It provides immediate refuge for children from birth to 12 whose families are in crisis St John's works with other community partners to support this community need *The Kitchen Clinic - The Kitchen Clinic is Springfield's only Free Clinic It serves individuals at or below 133% FPL with needed health care, medications, and some dental care St John's provides financial, in-kind, and administrative support to the Kitchen Clinic St John's physicians and nurses also volunteer their services at the Kitchen Clinic *St John's developed a program called "Project Access" This program provides health care and primary preventions services to individuals without insurance These individuals qualify for our charity care, but we wanted to make sure that they were receiving comprehensive care, rather than fragmented Emergency Care visits for non-emergent needs This program is being replicated in other parts of Mercy and has been shared with individuals at CoxHealth *One Air Alliance - St John's is part of a community collaborative effort to address smoking and clean air in our community *St Jude's affiliation - St John's Children's Hospital is Southwest Missouri's only comprehensive Children's Hospital The formal affiliation with St Jude's Children's Hospital in Memphis and the recruitment of the region's first pediatric Hematologic/oncology physician are part of ongoing efforts to continue to grow and collaborate regionally and nationally

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

St John's Health System and its subsidiaries (SJHS) is a Catholic health care corporation that, pursuant to the organizational core belief that health care services are a vital and integral part of the Church's healing mission, engages in a ministry which provides general acute care, ambulatory, long-term and home care health services to individuals and families in its service communities. In keeping with SJHS's commitment to serve all members of the communities it serves, SJHS provides care to patients regardless of ability to pay. As defined by the institution's charity policy, SJHS does not pursue collection of amounts determined to qualify for charity care. In addition, SJHS provides services to other patients under the Medicare Program and various state Medicaid programs. Such programs pay providers amounts that are substantially less than billed charges, and frequently less than the cost, of the services provided to the recipients. SJHS is governed by a Board of Directors which includes representation from community leaders in the organization's primary service areas. All board members are required to complete an annual Conflict of Interest survey. Any potential conflicts of interest disclosed by board members are screened by general counsel and reviewed by the board chairperson and CEO. This process ensures that public, rather than private, interests are served by SJHS. Surplus funds and unrestricted assets held by SJHS are reinvested in patient care, medical education and research initiatives which support the organization's mission to deliver compassionate care and exceptional health care services to the communities it serves.

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

The filing organization is part of the Sisters of Mercy Health System ("Mercy") Mercy is a Missouri non-profit corporation with its headquarters ("ministry office") in St. Louis, Missouri Mercy provides health care services in four states - Arkansas, Kansas, Missouri, and Oklahoma - and has outreach ministries located in Louisiana, Mississippi, and Texas Mercy's mission is "As the Sisters of Mercy before us, we bring life to the healing ministry of Jesus through our compassionate care and exceptional service " As of June 30, 2010, Mercy facilities included 28 hospitals with 3,718 acute licensed beds (3,300 acute available beds) Mercy facilities offer a wide range of health care services across the system, including inpatient and outpatient care, rehabilitation services, cancer care, trauma care, burn care, skilled nursing, home health and hospice, sports medicine, and neonatal and pediatric intensive care For the fiscal year ended June 30, 2010, Mercy had more than 6.3 million outpatient visits, more than 1,200 employed physicians, and approximately 28,000 employees, making Mercy the eighth largest Catholic health system in the United States based on net patient service revenue Mercy is sponsored by Mercy Health Ministry, which is governed by members that include Sisters of Mercy Many services that are essential to fulfilling Mercy's mission are centralized at the Ministry Office Such centralized services include Treasury, Information Technology, Clinical Quality Management, Legal and Compliance Counsel, Compensation and Benefits, Consulting, Performance Management, Revenue Management, Capital Management, Clinical Engineering, and Clinical Safety The centralization of such support services enables Mercy to ensure that each of its communities, whether large or small, has the services it needs