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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ST JUDE HOSPITAL INC		D Employer identification number 95-1643325
		Doing Business As ST JUDE MEDICAL CENTER		E Telephone number (714) 446-7213
		Number and street (or P O box if mail is not delivered to street address) 101 EAST VALENCIA MESA DRIVE	Room/suite	G Gross receipts \$ 492,414,882
		City or town, state or country, and ZIP + 4 FULLERTON, CA 92835		
	F Name and address of principal officer LEE PENROSE 101 E VALENCIA MESA DRIVE FULLERTON, CA 92835		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: WWW.STJUDEMEDICALCENTER.ORG		H(c) Group exemption number 0928		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1942	M State of legal domicile CA

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	1
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5 Total number of employees (Part V, line 2a)	5	3,15
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	356,03
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,533,528	11,202,421
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	424,235,269	463,276,518
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-23,408,580	17,523,026
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,691	186,531
		412,705,908	492,188,496
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	143,262	6,463,853
	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)	207,531,311	212,859,725
	16a Professional fundraising fees (Part IX, column (A), line 11e)	97,904	118,987
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,343,510</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	196,616,845	211,494,306
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	404,389,322	430,936,871
	19 Revenue less expenses Subtract line 18 from line 12	8,316,586	61,251,625
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	621,320,107	748,843,008
	21 Total liabilities (Part X, line 26)	240,114,334	294,209,864
	22 Net assets or fund balances Subtract line 21 from line 20	381,205,773	454,633,144

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>2011-05-13</div> </div> <div> <div></div> <div>Date</div> </div>
	<div> <div></div> <div>Lee PenroseEduardo Salvador CEO/CFO</div> </div> <div> <div></div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's identifying number (see instructions)</div> <div></div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div> <div> <div>ERNST & YOUNG US LLP</div> <div>18111 VON KARMAN AVENUE SUITE 1000</div> <div>IRVINE, CA 92612</div> </div>
	<div> <div>EIN</div> <div></div> </div> <div> <div>Phone no</div> <div>(949) 794-2300</div> </div>






















1 Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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	1a729	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c				
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a3,152	2bYes	
	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			3aYes	
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?				
b			3bYes	
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				
4a			4a	No
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)?				
b				
If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a			5a	No
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				
b			5b	No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
c			5c	
If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?				
6a			6a	No
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?				
b			6b	
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7 Organizations that may receive deductible contributions under section 170(c).			7aYes	
a			7bYes	
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?				
b			7c	No
If "Yes," did the organization notify the donor of the value of the goods or services provided?				
c			7d	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				
d				
If "Yes," indicate the number of Forms 8282 filed during the year				
e			7e	No
Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
f			7f	No
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g			7g	
For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				
h			7h	
For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?				
8			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?				
9			9a	
Sponsoring organizations maintaining donor advised funds.			9b	
a				
Did the organization make any taxable distributions under section 4966?				
b				
Did the organization make a distribution to a donor, donor advisor, or related person?				
10				
Section 501(c)(7) organizations. Enter				
a			10a	
Initiation fees and capital contributions included on Part VIII, line 12				
b			10b	
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11				
Section 501(c)(12) organizations. Enter				
a			11a	
Gross income from members or shareholders				
b			11b	
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a			12a	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b			12b	
If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	14	
b	Enter the number of voting members that are independent . . .	1b	10	
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	Yes	
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	Yes	
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▶CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANNIE LAGADO 101 E VALENCIA MESA DR FULLERTON, CA 92835 (714) 446-7233

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Form **990** (2009)

1b Total	4,126,087	1,112,399	401,836
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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▶330

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PROCARE NURSES LLC FILE 57074 LOS ANGELES, CA 900747074	NURSING REGISTRY	890,236
ST JUDE HERITAGE MED GROUP 279 E IMPERIAL HWY 710 FULLERTON, CA 92835	DIRECTORS FEES	628,815
WESTWAYS STAFFING SERVICES INC PO BOX 1089 SAN JOSE, CA 951081089	NURSING REGISTRY	565,202
HRN SERVICES INC 8383 WILSHIRE BLVD SUITE 258 BEVERLY HILLS, CA 90221	NURSING REGISTRY	414,155
CAREERSTAFF-ORANGE COUNTY PO BOX 200528 HOUSTON, TX 772160528	MEDICAL THERAPISTS	394,851

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▶17

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	367,306				
	d	Related organizations	1d	3,323,697				
	e	Government grants (contributions)	1e	2,410,748				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,100,670				
	g	Noncash contributions included in lines 1a-1f \$ 93,932						
	h	Total. Add lines 1a-1f		11,202,421				
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REV	622,110	457,177,036	457,177,036			
	b	LABORATORY	621,511	1,934,053	1,578,021	356,032		
	c	MOB RENTAL	531,120	1,685,869	1,685,869			
	d	CAFETERIA	722,310	1,627,137	1,627,137			
	e	REHAB/WELLNESS CENTER	622,110	339,077	339,077			
	f	All other program service revenue		513,346	513,346			
	g	Total. Add lines 2a-2f		463,276,518				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,870,717			1,870,717	
	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				
		15,746,241						
		93,932						
		15,652,309						
	d	Net gain or (loss)		15,652,309			15,652,309	
	8a	Gross income from fundraising events (not including \$ 367,306 of contributions reported on line 1c) See Part IV, line 18		a	210,113			
		Less direct expenses		b	132,454			
		Net income or (loss) from fundraising events . .			77,659			77,659
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b				
Net income or (loss) from gaming activities . .			0					
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a	GIFT SHOP		453,220	28,077	28,077			
b	ROOF RENTAL		900,099	477			477	
c	ALL OTHER MISC REVENUE		900,099	80,318	80,318			
d	All other revenue							
e	Total. Add lines 11a-11d			108,872				
12	Total revenue. See Instructions			492,188,496	463,028,881	356,032	17,601,162	

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	6,400,803	6,400,803		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	63,050	63,050		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,162,341	1,422,687	739,654	0
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	141,458,072	134,074,508	6,603,040	780,524
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,200,529	8,387,845	740,974	71,710
9	Other employee benefits	47,435,929	43,721,408	3,414,717	299,804
10	Payroll taxes	12,602,854	11,987,094	615,760	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	163,874	56,379	107,495	0
c	Accounting	397,634	0	397,634	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	118,987			118,987
f	Investment management fees	30,672	0	30,672	0
g	Other	50,075,420	28,446,492	21,628,928	0
12	Advertising and promotion	0			
13	Office expenses	83,916,647	82,062,410	1,854,237	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,005,256	7,808,607	196,649	0
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	205,319	113,815	91,504	0
20	Interest	14,598,063	14,130,369	467,694	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	25,457,416	24,765,488	691,928	0
23	Insurance	2,326,288	2,326,288	0	0
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	PROVISION FOR BAD DEBTS	23,190,546	23,190,546	0	0
b	ALL OTHER EXPENSES	3,127,171	234,129	2,820,557	72,485
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	430,936,871	389,191,918	40,401,443	1,343,510
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	9,040
	2	Savings and temporary cash investments			55,268,291	2	87,750,302
	3	Pledges and grants receivable, net			538,360	3	4,989,151
	4	Accounts receivable, net			47,696,498	4	44,008,288
	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			231,293	7	146,266
	8	Inventories for sale or use			3,225,422	8	3,353,717
	9	Prepaid expenses and deferred charges			2,429,601	9	636,639
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	623,029,445			
	b	Less accumulated depreciation	10b	230,992,350	325,656,506	10c	392,037,095
	11	Investments—publicly traded securities			170,853,013	11	189,436,189
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			1,111,705	14	1,002,063
	15	Other assets See Part IV, line 11			14,309,418	15	25,474,258
	16	Total assets. Add lines 1 through 15 (must equal line 34)			621,320,107	16	748,843,008
Liabilities	17	Accounts payable and accrued expenses			40,924,855	17	40,690,985
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			199,189,479	25	253,518,879
	26	Total liabilities. Add lines 17 through 25			240,114,334	26	294,209,864
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			372,659,974	27	447,708,938
	28	Temporarily restricted net assets			9,405,680	28	7,784,087
	29	Permanently restricted net assets			-859,881	29	-859,881
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			381,205,773	33	454,633,144
	34	Total liabilities and net assets/fund balances			621,320,107	34	748,843,008

Part XI **Financial Statements and Reporting**

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

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 JUDE HOSPITAL INC	Employer identification number 95-1643325
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of the organization ST JUDE HOSPITAL INC	Employer identification number 95-1643325
--	--

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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><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></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

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

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		56,031
	j Total lines 1c through 1i			56,031
	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).		
		2a	
		2b	
		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 LOBBYING ACTIVITIES	PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS FOR LOBBYING ACTIVITIES,	DURING THE PAST YEAR, THE ST JOSEPH HEALTH SYSTEM HAS CONDUCTED AN ADVOCACY EFFORT WHICH INCLUDED MINIMAL LOBBYING ACTIVITY THESE INCLUDED MEETING WITH LOCAL, STATE, AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION

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 JUDE HOSPITAL INC

Employer identification number
95-1643325

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, 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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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	5,940,633	7,423,607		
b	Contributions		150,000		
c	Investment earnings or losses	597,471	-1,583,488		
d	Grants or scholarships				
e	Other expenditures for facilities and programs	8,300	49,486		
f	Administrative expenses				
g	End of year balance	6,529,804	5,940,633		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 99.620 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0.380 %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

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		6,457,972		6,457,972
b Buildings		360,057,993	86,079,841	273,978,152
c Leasehold improvements		11,204,111	8,827,204	2,376,907
d Equipment		190,578,198	136,085,305	54,492,893
e Other		54,731,171		54,731,171
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				392,037,095

Schedule D (Form 990) 2009

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART V		THE ENDOWMENT FUNDS PROVIDE INCOME THAT IS USED FOR THE ST JUDE MEDICAL CENTER'S CONTINUING NEEDS AND MISSION

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	1
3	Enter total number of other organizations or entities ▶	0

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

[illegible]

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

Schedule F (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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 JUDE HOSPITAL INC

Employer identification number
95-1643325

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GRANTWORKS	GRANT WRITER		No	0	5,198	-5,198
PHILLIPS ASSOC	CAMPAIGN STUDY		No	0	36,063	-36,063
CSG SYSTEMS	DIRECT MAIL		No	216,671	77,726	138,945
Total ▶				216,671	118,987	97,684

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF</u> (event type)	<u>WALK</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	262,681	198,585	116,153
	2	Less Charitable contributions	192,065	97,128	78,113
	3	Gross income (line 1 minus line 2)	70,616	101,457	38,040
Direct Expenses	4	Cash prizes	1,981		1,981
	5	Non-cash prizes	2,759		2,759
	6	Rent/facility costs	180		180
	7	Food and beverages	15,402	24,780	341
	8	Entertainment			
	9	Other direct expenses	57,163	25,670	4,178
	10	Direct expense summary Add lines 4 through 9 in column (d)			132,454
	11	Net income summary Combine lines 3, column d, and line 10.			77,659

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

					Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____					
a	Is the organization licensed to operate gaming activities in each of these states?				9a	
b	If "No," Explain _____					
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				10a	
b	If "Yes," Explain _____					
11	Does the organization operate gaming activities with nonmembers?				11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?				12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

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 JUDE HOSPITAL INC

Employer identification number
95-1643325

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____</div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input checked="" type="checkbox"/> Other <u>500 %</u></div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b 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)			7,569,600		7,569,600	1 860 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			21,700,495	9,609,025	12,091,470	2 970 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			7,757,858	2,011,893	5,745,965	1 410 %
d Total Charity Care and Means-Tested Government Programs			37,027,953	11,620,918	25,407,035	6 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,533,198	656,312	5,876,886	1 440 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,194,346	14,028	1,180,318	0 290 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			559,094	412	558,682	0 140 %
j Total Other Benefits			8,286,638	670,752	7,615,886	1 870 %
k Total. Add lines 7d and 7j			45,314,591	12,291,670	33,022,921	8 110 %

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					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

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)	25,891,324	
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)	587,324,808	
6	Enter Medicare allowable costs of care relating to payments on line 5	6111,249,178	
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7-23,924,370	
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> 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				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST JUDE MEDICAL CENTER 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92835	X	X	X				X		
OUTPATIENT SVC 1835 SUNNYCREST FULLERTON, CA 92835									OUTPATIENT SVC
OUTPATIENT SVC 1901 SUNNYCREST FULLERTON, CA 92835									OUTPATIENT SVC
OUTPATIENT SVC 1911 SUNNYCREST FULLERTON, CA 92835									OUTPATIENT SVC
CARDIAC REHAB 100 E VALERCIA MESA FULLERTON, CA 92835									OUTPATIENT SVC
KNOTT FAMILY ENDOSCOPY 1839 SUNNYCREST FULLERTON, CA 92835									OUTPATIENT SVC
ST JUDE CTR REHAB & WELLNESS 2767 E IMPERIAL HWY BREA, CA 92821									OUTPATIENT SVC
BREAST CENTER 2151 N HARBOR BLVDSTE 2100 FULLERTON, CA 92835									OUTPATIENT SVC
IMAGING CENTER 2151 N HARBOR BLVD STE 1400 FULLERTON, CA 92835									OUTPATIENT SVC
OPEN MRI 1480 S HARBOR BLVD STE 15 LA HABRA, CA 90633									OUTPATIENT SVC
RADIATION THERAPY 2151 N HARBOR BLVD STE 1500 FULLERTON, CA 92835									OUTPATIENT SVC

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

See additional data

- 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

- 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

CA

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

DLN: 93493133043511

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
ST JUDE HOSPITAL INC

Employer identification number
95-1643325

Part I

General Information on Grants and Assistance

1

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

Yes

No

2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HERITAGE HEALTHCARE FOUNDATION279 E IMPERIAL HIGHWAY FULLERTON,CA 92835	330185031	501(C)(3)	56,529				PROGRAM SUPPORT
OCCCCO310 W BROADWAYANAHEIM CA 92805 ANAHEIM,CA 92805	953196836	501(C)(3)	22,500				HEALTHY NEGHBORHOOD INITIATIVE COMM SVC
SOLIDARITYPO BOX 220 PLACENTIA,CA 92871	510490821	501(C)(3)	15,115				HEALTHY NEIGHBORHOOD INITIATIVE COMM SVC
THE FULLERTON COLLABORATIVE1401 W VALENCIA DR FULLERTON,CA 92883	201222056	501(C)(3)	43,700				HEALTHY NEIGHBORHOOD INITIATIVE COMM SVC
ST JOSEPH HEALTH SYSTEM FOUNDATION500 S MAIN STREET ORANGE,CA 92868	330143024	501(C)(3)	6,194,800				CARE FOR THE POOR
Meals on Wheels223 W AMERIGE FULLERTON,CA 92832	330472661	501(c)(3)		12,748	COST	FOOD SUPPLIES	Program Support
Children & Family Commission of Orange County17320 REDHILL AVE 200 Irvine,CA 92614	956000928	GOVT	55,411				Bridge II Program Prop 10 Pediatric Clinic

2

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

7

3

Enter total number of other organizations

0

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

Cat No 50055P

Schedule I (Form 990) 2009

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

[illegible]

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

[illegible]

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 JUDE HOSPITAL INC

Employer identification number
95-1643325

Part I

Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LEE PENROSE	(i)	0	0	0	0	0	0	0
	(ii)	396,358	134,587	121,532	17,066	23,177	692,720	0
DOREEN DANN	(i)	43,639	28,773	578,208	10,135	1,410	662,165	194,634
	(ii)	0	0	0	0	0	0	0
BRIAN HELLELAND	(i)	305,532	75,750	76,649	8,571	26,699	493,201	0
	(ii)	0	0	0	0	0	0	0
MARK JABLONSKI	(i)	235,826	58,381	140,436	21,905	20,294	476,842	18,432
	(ii)	0	0	0	0	0	0	0
BARRY ROSS	(i)	166,811	43,601	89,977	20,893	32,918	354,200	22,411
	(ii)	0	0	0	0	0	0	0
EDUARDO SALVADOR	(i)	217,263	40,716	51,676	0	26,571	336,226	0
	(ii)	0	0	0	0	0	0	0
MICHAEL MARINO	(i)	235,923	43,935	50,779	0	5,161	335,798	0
	(ii)	0	0	0	0	0	0	0
CLAIRE HANKS	(i)	215,452	52,643	45,085	9,569	8,462	331,211	0
	(ii)	0	0	0	0	0	0	0
KAREN CANNIZZARO	(i)	159,783	39,552	53,541	17,083	17,995	287,954	0
	(ii)	0	0	0	0	0	0	0
KEVIN MURPHY PHD	(i)	0	0	0	0	0	0	0
	(ii)	206,357	59,545	48,674	12,034	29,809	356,419	0
ROBERT FRASCHETTI	(i)	0	0	0	0	0	0	0
	(ii)	0	0	145,346	0	779	146,125	0
KEVIN MANEMANN	(i)	187,552	62,975	63,596	9,751	26,210	350,084	0
	(ii)	0	0	0	0	0	0	0
SUSAN SMITH	(i)	180,316	44,824	56,276	15,907	18,199	315,522	0
	(ii)	0	0	0	0	0	0	0
DRU ANN COPPING	(i)	153,034	37,234	51,891	9,289	894	252,342	0
	(ii)	0	0	0	0	0	0	0
MARTHA LOMELI	(i)	89,670	15,710	133,078	9,914	1,141	249,513	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
TRAVEL FOR COMPANIONS	SCHEDULE J, PART I, LINE 1	St. Joseph Health System allows for companion travel for certain pre-approved, ministry sponsored events. Companion travel is treated as taxable compensation in most cases. In the case that companion travel is not treated as taxable compensation, the individual is providing a service to the Health System as a representative with knowledge of the communities and ministries we serve. Members of the Board and executive management team are selected to participate in an annual pilgrimage to Le Puy, France, where the Sisters' first congregation was formed. The purpose of the pilgrimage is for the organization's leaders to develop a deeper understanding of the roots and heritage of the organization in order to carry out the mission. Companion travel is considered to be an essential part of this experience and the companion acts as a representative with knowledge of the communities and ministries we serve. The following officer received a benefit for companion travel that was intended to be compensation. The benefits were paid by St. Jude Medical Center's tax-exempt parent, St. Joseph Health System. Lee Penrose \$4,402. DESCRIPTION OF CEO PAID BY EXEMPT PARENT: SCHEDULE J, PART I, LINE 3: THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS THAT IS COMPLETED BY THE ST. JOSEPH HEALTH SYSTEM. DESCRIPTION OF SEVERANCE PAYMENTS MADE: SCHEDULE J, PART I, LINE 4A: THE FOLLOWING RECEIVED A SEVERANCE PAYMENT IN 2009: DOREEN DANN \$293,975; ROBERT FRASCHETTI \$142,728; MARTHA LOMELI \$53,761. ROBERT FRASCHETTI'S SEVERANCE WAS PAID BY ST. JUDE MEDICAL CENTER'S TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM.
DESCRIPTION OF A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F). THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007, AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN. THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. PAYOUT FOR 2009 PARTICIPANTS: DOREEN DANN \$194,634; MARK JABLONSKI \$18,432; BARRY ROSS \$22,411; MARTHA LOMELI \$49,811.
DESCRIBE ANY NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PART I, LINE 7	A PORTION OF THE EXECUTIVE'S SALARY IS PLACED "AT-RISK" AND IS NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST. JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ **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 JUDE HOSPITAL INC

Employer identification number

95-1643325

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ST JUDE HERITAGE MEDICAL GROUP	SEE SCHEDULE O	753,043	PHYSICIAN/DIRECTORS FEES		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
ST JUDE HOSPITAL INC

Employer identification number
95-1643325

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	93,932	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE M, PART I, LINE 32A		ST JUDE MEDICAL CENTER USES THE SERVICES OF A BROKER TO SELL DONATED SECURITIES

Software ID:
Software Version:
EIN: 95-1643325
Name: ST JUDE HOSPITAL INC

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization ST JUDE HOSPITAL INC	Employer identification number 95-1643325
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Identifier	Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	DESCRIBE ORGANIZATION'S MISSION	TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE

Identifier	Return Reference	Explanation
FORM 990, PART III, LINES 4A	PROGRAM SERVICE ACCOMPLISHMENTS - LIVING OUT OUR MISSION	GROUNDING IN OUR COMMITMENT TO COMMUNITY AS A MEMBER OF THE ST. JOSEPH HEALTH SYSTEM (SJHS), ST. JUDE MEDICAL CENTER IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST. JOSEPH OF ORANGE. THAT MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO. BUT THE ROOTS OF ST. JUDE MEDICAL CENTER AND THE LESSONS TO SERVE OUR DEAR NEIGHBORS DATE BACK TO THE YEAR 1650 WHEN THE SISTERS' FIRST CONGREGATION WAS FORMED IN LE PUY, FRANCE. SINCE THAT TIME, THE PEOPLE OF OUR ORGANIZATION CONTINUE TO ASSESS THE NEEDS OF THE COMMUNITIES WE SERVE, BUILD COLLABORATIVE PARTNERSHIPS WITH LOCAL RESIDENTS, BUSINESS AND COMMUNITY NOT-FOR-PROFITS, AND TOGETHER THROUGH THOSE PARTNERSHIPS, MEET COMMUNITY NEEDS. THE HEALTH SYSTEM IS ORGANIZED INTO THREE REGIONS--NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO - AND CONSISTS OF 14 ACUTE CARE HOSPITALS, AS WELL AS HOME HEALTH AGENCIES, HOSPICE CARE, OUT-PATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS. PROGRAM SERVICE ACTIVITY 1 ----- GOAL: INCREASE THE TOTAL NUMBER OF DENTAL VISITS PROVIDED BY 100% FROM FY 08 BASELINE OF 2,620 KEY COMMUNITY PARTNERS: BOYS AND GIRLS CLUB OF FULLERTON, CITY OF FULLERTON, HEALTHY SMILES CLINIC, DAMAS DE CARIDAD. FY10 ACCOMPLISHMENTS: DENTAL VISITS INCREASED 15.6% FROM FY09 TO 5,623 VISITS, A 114.6% INCREASE FROM BASELINE. THIS IS THE RESULT OF INCREASED DENTAL STAFFING AND THE INTRODUCTION OF DIGITAL RADIOGRAPHY AND ELECTRONIC DENTAL RECORDS. EXPENSES: \$673,459 GRANTS: \$149,639 REVENUE: \$523,820 PROGRAM SERVICE ACTIVITY 2 ----- GOAL: ENHANCE OBESITY PREVENTION IN SCHOOLS. KEY COMMUNITY PARTNERS: FULLERTON, LA HABRA, PLACENTIA, YORBA LINDA AND BUENA PARK DISTRICTS, AMERICAN ACADEMY OF PEDIATRICS, ST. JOSEPH HOSPITAL, MISSION HOSPITAL, ST. JOSEPH HEALTH SYSTEM FOUNDATION. FY10 ACCOMPLISHMENTS: IMPLEMENTED THE HEALTHY FOR LIFE PROGRAM IN 18 SCHOOL CLASSES IN NORTH ORANGE COUNTY. ALMOST 10% OF STUDENTS WHO WERE OVERWEIGHT OR OBESE CHANGED THEIR WEIGHT STATUS IN A POSITIVE DIRECTION. EXPENSES: \$126,841 REVENUE: \$126,841 PROGRAM SERVICE ACTIVITY 3 ----- GOAL: REDUCE INAPPROPRIATE USE OF EMERGENCY DEPARTMENT KEY COMMUNITY PARTNERS: COALITION OF ORANGE COUNTY COMMUNITY HEALTH CENTERS. FY10 ACCOMPLISHMENTS: THE NURSE ADVISE LINE PROVIDED ADVICE TO THE COMMUNITY ON HOW TO CARE FOR AN ILLNESS OR INJURY AT HOME OR GUIDANCE ABOUT WHETHER AND WHERE TO SEE A HEALTHCARE PROVIDER. IN ADDITION, IT SERVED AS THE AFTER HOURS RESOURCE FOR SIX COMMUNITY CLINICS IN ORANGE COUNTY THROUGH THE AFTER HOURS CLINIC COLLABORATIVE FUNDED BY MEASURE H. THE ADVISE LINE PROVIDED PHONE ADVICE TO 29,311 CALLERS IN FY10 MANAGING 42,220 CALLS. THE MAJORITY OF CALLERS DID NOT REQUIRE REFERRAL TO THE EMERGENCY DEPARTMENT. EXPENSES: \$1,507,352 GRANTS: \$23,490 REVENUE: \$1,483,862 OTHER PROGRAM SERVICE ACTIVITY ----- WHO WE ARE AND WHAT WE DO: ST. JUDE MEDICAL CENTER IS A 384-BED HOSPITAL WITH CENTERS OF EXCELLENCE IN CARDIAC, ONCOLOGY, REHABILITATION AND WOMEN AND CHILDREN'S SERVICES. THE MEDICAL CENTER OFFERS AN EXTENSIVE CONTINUUM OF INPATIENT AND OUTPATIENT SERVICES INCLUDING ACUTE, TRANSITIONAL AND REHABILITATION CARE, OUTPATIENT SURGERY, DIAGNOSTIC AND IMAGING SERVICES, THE CENTER FOR REHABILITATION AND WELLNESS, SENIOR SERVICES, AND COMMUNITY CLINICS FOR THE UNDERSERVED. THE MEDICAL CENTER HAS 2,902 EMPLOYEES AND 718 MEDICAL STAFF. EXPENSES: \$383,052,219 GRANTS: \$6,159,515 REVENUE: \$460,894,354 THREE MISSION OUTCOMES AS A MINISTRY OF THE ST. JOSEPH HEALTH SYSTEM WE ARE COMMITTED TO THREE SYSTEM-WIDE MISSION OUTCOMES: 1. MAKING EVERY ENCOUNTER WITH OUR COMMUNITY A SACRED ENCOUNTER. THE MEDICAL CENTER HAS BEEN WORKING WITH IDEO CONSULTING FIRM TO IMPROVE THE PATIENT EXPERIENCE USING THE CONCEPT OF SCENOGRAPHY, WHERE SPECIFIC SCENES ARE DEFINED IN THEIR OPTIMAL STATE. THE "THOUGHTFUL GOOD-BYE" SCENE HAS BEEN IMPLEMENTED IN THE MOTHER BABY UNIT. THE TONE THAT THE TEAM IS CREATING FOR THE NEW MOTHER GOING HOME WITH HER CHILD IS "BLESSED." THROUGH THIS PROCESS, THE PATIENT EXPERIENCE THAT IS CREATED CELEBRATES THE SACREDNESS OF A NEW MOTHER GOING HOME WITH HER BABY. 2. PROVIDING TO OUR PATIENTS IN THE COMMUNITY WITH PERFECT CARE. THE MEDICAL CENTER HAS EXCEEDED ITS TARGETS FOR THE CMS-19 FAILURE RATE. ST. JUDE MEDICAL CENTER WAS AWARDED THE 2010 DISTINGUISHED HOSPITAL AWARD FOR CLINICAL EXCELLENCE, AN HONOR WHICH RECOGNIZES THE TOP FIVE PERCENT OF HOSPITALS IN THE COUNTY. AWARDED BY HEALTHGRADES, THE LEADING HEALTHCARE RATINGS ORGANIZATION, THE HONOR WAS GIVEN TO ONLY 270 HOSPITALS IN THE NATION. DESIGNATING THE BEST IN OVERALL CLINICAL QUALITY, ST. JUDE IS ALSO THE RECIPIENT OF THESE AWARDS OF EXCELLENCE FROM HEALTHGRADES: JOINT REPLACEMENT EXCELLENCE AWARD 2010, PROSTATECTOMY EXCELLENCE AWARD 2010, STROKE CARE EXCELLENCE AWARD 2008-2010. 3. MAKING THE COMMUNITY WE SERVE AMONG THE HEALTHIEST COMMUNITIES IN THE U.S. THE MEDICAL CENTER HAS FOCUSED ITS HEALTHY COMMUNITIES EFFORTS ON REDUCING CHILDHOOD OBESITY. THE HEALTHY FOR LIFE PROGRAM WAS IMPLEMENTED IN EIGHTEEN SCHOOLS IN NORTH ORANGE COUNTY. RESULTS FROM ALL SCHOOLS IN THE PROGRAM SHOWED THAT AFTER NINE MONTHS OF IMPLEMENTATION, ALMOST 10% OF CHILDREN WHO WERE OVERWEIGHT OR OBESE CHANGED THEIR WEIGHT STATUS IN A POSITIVE DIRECTION. THE ST. JUDE MEDICAL CENTER IS A HOSPITAL SERVING THE GREATER NORTH ORANGE COUNTY REGION. DURING FISCAL YEAR 2010, WE INVESTED A TOTAL OF \$33,023,000 (7.7% OF OUR TOTAL OPERATING EXPENSES) IN COMMUNITY BENEFIT (INCLUDING TRADITIONAL CHARITY CARE, UNPAID COST OF STATE AND LOCAL PROGRAMS AND COMMUNITY BENEFIT SERVICES TO THE LOW-INCOME AND BROADER COMMUNITY), IN ALIGNMENT WITH CATHOLIC HEALTH ASSOCIATION GUIDELINES. IN ADDITION, OUR UNPAID COST OF MEDICARE PROGRAMS TOTALLED \$23,924,370.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS	DR JAMES BENOIT AND DR RUBEN CABRAL HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 4	SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS	THE ORGANIZATION'S BYLAWS WERE UPDATED TO DEFINE AND CLARIFY BOARD DUTIES AND OFFICER ROLES. THE NUMBER OF BOARD SEATS WAS ALSO INCREASED. IN ADDITION, THE LIST OF RESERVED RIGHTS WAS EXPANDED TO INCLUDE PROCESSES LEADING UP TO ACTION ON RESERVED RIGHTS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	ST. JOSEPH HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF ST. JUDE HOSPITAL, INC. (DBA: ST. JUDE MEDICAL CENTER).

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	ST. JUDE MEDICAL CENTER HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST. JUDE MEDICAL CENTER BOARD. ALL TRUSTEE APPOINTMENTS COME FROM THE ST. JUDE MEDICAL CENTER BOARD AS NOMINATIONS AND MUST BE APPROVED BY THE ST. JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBER, AND THE ST. JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS	THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST. JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 11A	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AS APPLICABLE. THE FORM 990 IS THEN REVIEWED BY THE CFO OF THE ORGANIZATION. A COPY OF THE FORM 990 FILING IS THEN DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE APRIL 2010 MEETING. DURING THE BOARD FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTS AND DISCUSSES CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. THE BOARD FINANCE COMMITTEE CHAIR THEN PROVIDES A SUMMARY AT THE FULL BOARD MEETING.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINES 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ON THE CONFLICT OF INTEREST DISCLOSURE FORM THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST HE/SHE MAY HAVE. ADDITIONALLY, DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST. WHEN A CONFLICT OF INTEREST IS IDENTIFIED, SUCH CONFLICT IS DISCLOSED TO THE ST. JUDE MEDICAL CENTER BOARD. IF THE CONFLICT INVOLVES A MEMBER OF THAT BOARD, THE REMAINING BOARD MEMBERS WILL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. THE OFFICER, TRUSTEE, OR KEY EMPLOYEE MAY NOT BE PRESENT DURING ANY MEETING IN WHICH THE BOARD CONDUCTS ITS EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY. ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE BOARD CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER. IF THE BOARD DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE BOARD WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES. THE SJHS CHIEF COMPLIANCE OFFICER IN CONSULTATION WITH SJHS GENERAL COUNSEL WILL REVIEW THE BOARD FINDINGS, RECOMMENDATIONS AND MITIGATION STRATEGIES AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B	PROCESS FOR DETERMINING COMPENSATION	THE EXECUTIVE COMPENSATION PROCESS AT ST. JOSEPH HEALTH SYSTEM IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES. THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY. THE CHARTER EMPOWERS THE SJHS BOARD WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF SJHS. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS THE RETENTION OF KEY MANAGEMENT TALENT. SJHS'S EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE METHOD FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTHCARE DELIVERY SYSTEMS. SJHS PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS. TO FULFILL THEIR RESPONSIBILITY, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA. THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM. THE WORKLIFE COMMITTEE IS COMPOSED OF SEVERAL INDEPENDENT MEMBERS OF THE BOARD. THEY MEET AT LEAST 3 TIMES A YEAR AND MAKE ALL CRITICAL DECISIONS IN EXECUTIVE SESSION. THESE DECISIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS. THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT AS NEEDED. THE WORKLIFE COMMITTEE PREPARED ITS LAST COMPENSATION REVIEW FOR ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER IN JUNE 2010.

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV. DOCS, CONFLICT OF INTEREST POLICY, & FIN. STMTS TO GEN. PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE.

Identifier	Return Reference	Explanation
FORM 990, PART VII / SCHEDULE J-2	HOURS SPENT FOR THE ORGANIZATION	LEE PENROSE IS THE CEO/PRESIDENT OF ST. JUDE MEDICAL CENTER (SJMC). ALTHOUGH HE IS COMPENSATED BY ST. JOSEPH HEALTH SYSTEM (SJHS), HE DEVOTES 50 HOURS PER WEEK TO SJMC AND NO HOURS TO SJHS. KEVIN MURPHY SERVES ON THE BOARD OF ST. JUDE MEDICAL CENTER (SJMC) AND IS THE VP OF MISSION INTEGRATION OF ST. JOSEPH HEALTH SYSTEM (SJHS). HE DEVOTES 50 HOURS PER WEEK TO SJHS AND 2 HOURS PER WEEK TO SJMC. ROBERT FRASCHETTI WAS FORMERLY THE CEO OF ST. JUDE MEDICAL CENTER (SJMC) UNTIL APRIL 2008. HE RECEIVED OTHER REPORTABLE COMPENSATION RELATED TO HIS PRIOR EMPLOYMENT FROM ST. JOSEPH HEALTH SYSTEM (SJHS) AND DEVOTED NO HOURS TO SJMC OR SJHS.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	OVERSIGHT OR SELECTION PROCESS	THE ST. JOSEPH HEALTH SYSTEM BOARD APPROVES THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT. FORM 990, SCHEDULE L, PART IV, COLUMN (B) RELATIONSHIP TO ORGANIZATION: JAMES BENJOIT, MD AND ALLISON FOLEY, MD, BOARD MEMBERS OF SJMC, ARE OFFICERS OF ST. JUDE HERITAGE MEDICAL GROUP.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 2	DETERMINATION OF AMOUNTS ON SCHEDULE R, PART V	THE AMOUNTS REPORTED IN SCHEDULE R, PART V, LINE 2 WERE DETERMINED USING THE ACCRUAL METHOD OF ACCOUNTING.

Identifier	Return Reference	Explanation
SECTION 409A RELIEF UNDER SECTION 501(c)(13) OF IRS NOTICE 2008-113	OPERATIONAL DEFECTS	(A) NAMES AND SOCIAL SECURITY NUMBERS OF AFFECTED PARTICIPANTS: NOT APPLICABLE. (B) THE 409A FAILURE OCCURRED WITH RESPECT TO THE ST. JOSEPH HEALTH SYSTEM 457(F) PLAN ("PLAN"). (C) OPERATIONAL DEFECT (1) IN FEBRUARY 2010 IT WAS DISCOVERED THAT THE PLAN FAILED TO COMPLY WITH 409A BECAUSE IT PROVIDED FOR IMPERMISSIBLE ALTERNATIVE PAYMENT SCHEDULES FOR VOLUNTARY AND INVOLUNTARY SEPARATIONS FROM SERVICE AND DID NOT SPECIFY THAT PAYMENT WILL BE MADE ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT IN ACCORDANCE WITH VI.B, VII.C AND XI.A OF NOTICE 2010-6, THE PLAN WAS AMENDED EFFECTIVE AS OF JANUARY 1, 2009 TO APPLY THE TIMING RULE APPLICABLE TO INVOLUNTARY TERMINATIONS TO VOLUNTARY TERMINATIONS AND TO PROVIDE THAT PAYMENT WILL BE MADE ON THE 60TH DAY FOLLOWING VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT THIS AMENDMENT WAS SIGNED BY THE EMPLOYER ON OCTOBER 6, 2010. THEREFORE, THE DATE ON WHICH THE FAILURE OCCURRED WAS THE 60TH DAY FOLLOWING THE PARTICIPANT SEPARATION FROM SERVICE DATE FOR THE FOLLOWING PARTICIPANTS WHO VOLUNTARILY TERMINATED ON OR AFTER JANUARY 1, 2009 AND ON OR BEFORE DECEMBER 31, 2009: THE PLAN COVERS ELIGIBLE EMPLOYEES OF VOLUNTARY TERMINATIONS CONTROLLED GROUP MEMBERS. ST. JUDE MEDICAL CENTER PARTICIPATES IN THE PLAN. HOWEVER, NONE OF ITS EMPLOYEES VOLUNTARILY TERMINATED IN 2009 OR 2010. OPERATIONAL DEFECT (2) IN 2010 IT WAS DISCOVERED THAT THREE PARTICIPANTS, TWO EMPLOYED BY ST. JUDE MEDICAL CENTER, WERE NOT TIMELY PAID THEIR PLAN ACCOUNTS FOLLOWING THEIR INVOLUNTARY TERMINATIONS IN 2009, AS REQUIRED BY THE PLAN. USUALLY, SUCH DISTRIBUTIONS ARE MADE WITHIN 30 DAYS FOLLOWING THE INVOLUNTARY TERMINATION DATE. THEREFORE, THE DATE ON WHICH THE FAILURE OCCURRED WAS THE 30TH DAY FOLLOWING THE INVOLUNTARY TERMINATION DATE. THE PLAN'S ADMINISTRATIVE PROCEDURES HAVE BEEN REVISED TO ASSURE THAT IN THE FUTURE PLAN BENEFITS ARE PAID PROMPTLY AFTER ALL INVOLUNTARY TERMINATIONS (BECAUSE THE FORM 990 IS OPEN TO PUBLIC INSPECTION AND THE THREAT OF IDENTITY THEFT, SSNs WILL BE PROVIDED UPON REQUEST) NAME/SOCIAL SECURITY NUMBER: DOREEN DANN DATE OF WHEN THE FAILURE OCCURRED: 03/02/2009 12/31/2009 ACCOUNT BALANCE: \$194,890 PAYMENT DATE: 12/31/2009 GROSS AMOUNT DISTRIBUTED: \$194,634 NAME/SOCIAL SECURITY NUMBER: JOAN TAYLOR DATE OF WHEN THE FAILURE OCCURRED: 10/31/2009 12/31/2009 ACCOUNT BALANCE: \$28,548 PAYMENT DATE: 12/31/2009 GROSS AMOUNT DISTRIBUTED: \$27,445 *GROSS AMOUNT OF DISTRIBUTION DID NOT INCLUDE INTEREST EARNED FROM INVOLUNTARY TERMINATION DATE TO DECEMBER 31, 2009. INTEREST EARNED IN 2010 WAS FORFEITED. (D) THE PLAN QUALIFIED FOR RELIEF UNDER VI.B, VII.C AND XI.A OF IRS NOTICE 2010-6 AND ON OCTOBER 6, 2010, A PLAN AMENDMENT WAS SIGNED. THE AMENDMENT PROVIDES THAT EFFECTIVE AS OF JANUARY 1, 2009, ALL BENEFITS WILL BE PAID IMMEDIATELY UPON AN INVOLUNTARY SEPARATION FROM SERVICE (CURRENTLY THE STATUS QUO) AND FOR ANY VOLUNTARY SEPARATION FROM SERVICE ON THE 60TH DAY FOLLOWING SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT ANY PARTICIPANT WHO VOLUNTARILY SEPARATED FROM SERVICE ON OR AFTER JANUARY 1, 2009 AND ON OR BEFORE DECEMBER 31, 2009 WAS PAID HIS CURRENT PLAN ACCOUNT BALANCE AFTER THE DATE THE AMENDMENT WAS SIGNED, BUT REDUCED FOR ANY INTEREST EARNED IN 2010 (IF ANY) AS ALLOWED BY NOTICE 2010-80, THE EMPLOYER SIGNED AN AMENDMENT ON DECEMBER 20, 2010 TO PROVIDE THAT PAYMENT WILL NO LONGER BE REQUIRED ON THE 60TH DAY FOLLOWING A VOLUNTARY SEPARATION FROM SERVICE, BUT WITHIN 60 DAYS FOLLOWING THE VOLUNTARY SEPARATION FROM SERVICE. HOWEVER, IF THE 60TH DAY FALLS IN THE SUBSEQUENT TAX YEAR, PAYMENT WILL BE MADE IN THE SUBSEQUENT TAX YEAR. THE PLAN'S ADMINISTRATIVE PROCEDURES HAVE BEEN CHANGED TO PAY PLAN ACCOUNTS IMMEDIATELY FOLLOWING A PARTICIPANT'S INVOLUNTARY SEPARATION FROM SERVICE (CURRENTLY THE STATUS QUO) AND WITHIN 60 DAYS FOLLOWING A VOLUNTARY SEPARATION FROM SERVICE PROVIDED THE PARTICIPANT RETURNS BY THIS DEADLINE. A SIGNED NON-COMPETE AGREEMENT AND SUBJECT TO THE REQUIREMENT THAT IF THE 60TH DAY FALLS IN THE SUBSEQUENT TAX YEAR THEN PAYMENT WILL BE MADE IN THE SUBSEQUENT TAX YEAR. (E) THIS OPERATIONAL FAILURE IS ELIGIBLE FOR THE CORRECTION UNDER THE TERMS OF IRS NOTICE 2008-113 AND THE EMPLOYER HAS TAKEN ALL ACTIONS REQUIRED, AND OTHERWISE MET ALL REQUIREMENTS, FOR SUCH CORRECTION.

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 JUDE HOSPITAL INC

Employer identification number
95-1643325

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

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
ST JOSEPH PROF SRVS ENTERPRISES INC 500 S MAIN STREET SUITE 700 ORANGE, CA92868 33-0155323	MEDICAL SERVICES	CA	SJHS	C CORP	0	0	0 %
ST JOSEPH DIVERSIFIED VENTURES INC 500 S MAIN STREET SUITE 700 ORANGE, CA92868 33-0148989	MEDICAL SERVICES	CA	SJHS	C-CORP	0	0	0 %
AMERICAN UNITY GROUP LTD 58 PAR LA-VILLA RD HAMILTON HX BD	CAPTIVE INSURANCE	BD	SJHS	C-CORP	0	0	0 %

Part V

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

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

Yes

Yes

No

No

Yes

Yes

Yes

No

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(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]

Additional Data

Software ID:
Software Version:
EIN: 95-1643325
Name: ST JUDE HOSPITAL INC

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

COSTS WERE ESTIMATED USING COST-TO-CHARGE RATIO OF PATIENT POPULATION OF THE PROGRAM BEING ADDRESSED
THE COST-TO-CHARGE RATIO COSTING METHODOLOGY WAS USED FOR CHARITY CARE AND MEANS-TESTED GOVERNMENT
PROGRAMS, WHILE COSTS IN "OTHER BENEFITS" WERE ACTUAL COSTS AS POSTED IN THE G/L THE COST-TO-CHARGE RATIO
USED WAS DERIVED FROM IRS WORKSHEET 2

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

SUBSIDIZED HEALTH SERVICES COSTS DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

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

BAD DEBT EXPENSE OF \$23,190,546 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR THE PURPOSE OF CALCULATING THE PERCENTAGE OF NET COMMUNITY BENEFIT

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

FINANCIAL STATEMENT FOOTNOTE DESCRIBING BAD DEBT, THE ORGANIZATION RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED AND OTHERS ARE FROM VARIOUS PAYORS WHO ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS, AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE ORGANIZATION THE ORGANIZATION CONTINUALLY MONITORS AND ADJUSTS THE RESERVES ASSOCIATED WITH RECEIVABLES THE ORGANIZATION ESTIMATES BAD DEBT EXPENSE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON HISTORICAL COLLECTION EXPERIENCE A COST-TO-CHARGE RATIO WAS USED TO DETERMINE THE AMOUNT IN LINE 2

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

AS A CATHOLIC HEALTH CARE MINISTRY, THE ORGANIZATION FOLLOWS THE CATHOLIC HEALTH ASSOCIATION'S COMMUNITY BENEFIT REPORTING GUIDELINES AND THEREFORE DOES NOT REPORT MEDICARE AS A COMMUNITY BENEFIT. Medicare allowable costs were derived from the hospital's Medicare cost report, which is submitted annually to Centers for Medicare and Medicaid (CMS). Total hospital costs are allocated in the cost report based on a step-down methodology using statistics. General service costs are allocated to both inpatient routine and ancillary service cost centers. Allowable costs pertaining to Medicare are then determined based on Medicare utilization as follows. For routine service costs, Medicare utilization is based on patient days. Medicare patient days are multiplied by per diem amounts to calculate Medicare costs. For ancillary service costs, Medicare utilization is based on charges. Medicare charges are multiplied by cost-to-charge ratio to calculate Medicare costs.

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

PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMS AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIES FOR CHARITY CARE ALL ACCOUNTS ARE SCREENED FOR CHARITY CARE ELIGIBILTY USING CRITERIA THAT CONSIDERS INSURANCE COVERAGE, CREDIT RATING, PAYMENT ACTIVITY, AND VALID SOCIAL SECURITY NUMBER AND/OR ACCURATE RESIDENCE ADDRESS

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

THE HOSPITAL CONDUCTS A COMMUNITY HEALTH NEEDS AND ASSET ASSESSMENT EVERY THREE YEARS TO PROVIDE DIRECTION FOR ITS COMMUNITY BENEFIT PLAN THE COMMUNITY HEALTH NEEDS ASSESSMENT IS CONDUCTED EVERY THREE YEARS TO PROVIDE THE BASIS FOR ST JUDE MEDICAL CENTER (SJMC) AND ST JUDE HERITAGE HEALTHCARE (SJHH) TO DEVELOP PRIORITIES FOR OUR COMMUNITY BENEFIT PLAN AND TO MEET THE LEGAL REQUIREMENTS OF SB 697 THIS INFORMATION PROVIDES A FOUNDATION FOR SJMC AND SJHH TO CARRY OUT OUR MISSION OF IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES THAT WE SERVE THE NEEDS ASSESSMENT IS REVIEWED AND APPROVED BY THE ST JUDE MEDICAL CENTER BOARD OF TRUSTEES COMMUNITY BENEFIT COMMITTEE THIS COMMITTEE IS COMPOSED OF A MAJORITY OF COMMUNITY MEMBERS WHO REPRESENT THE GEOGRAPHIC AREA AND DIVERSITY OF THE COMMUNITIES SERVED BY THE MEDICAL CENTER

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

THE ORGANIZATION POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM. NOTICES ARE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS. NOTICES ARE ALSO POSTED AT LOCATIONS WHERE A PATIENT MAY PAY THEIR BILL. NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT CAN OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE. THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA. ALL PATIENTS WHO DEMONSTRATE LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS ARE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND ARE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE.

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

THE SERVICE AREAS OF ST JUDE MEDICAL CENTER REACH 1.68 MILLION PEOPLE. THE MEDICAL CENTER'S GEOGRAPHICAL AREA OF FOCUS FOR COMMUNITY BENEFIT PROGRAMS ARE THE CITIES OF BREA, BUENA PARK, FULLERTON, LA HABRA, PLACENTIA AND YORBA LINDA. THE SOCIO-DEMOGRAPHIC DATA FOR THE SIX AREAS SERVED BY SJMC COMMUNITY BENEFIT DEMONSTRATE WIDE DISPARITIES IN RACIAL/ETHNIC AND ECONOMIC INDICATORS. LA HABRA IS THE CITY WITH THE LOWEST MEDIAN INCOME AND THE GREATEST RACIAL/ETHNIC DIVERSITY WHILE YORBA LINDA HAS THE HIGHEST INCOME AND LEAST RACIAL/ETHNIC DIVERSITY. WITHIN EACH CITY, WITH THE EXCEPTION OF YORBA LINDA, THERE ARE NEIGHBORHOODS THAT HAVE A HIGHER PERCENTAGE OF DISPROPORTIONATE UNMET HEALTH NEEDS POPULATIONS. HIGHEST NEED NEIGHBORHOODS HAD HIGHEST RATES OF POVERTY, UNEMPLOYMENT AND LOWEST INCOMES.

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

THE MEDICAL CENTER'S GOVERNING BODY IS COMPOSED OF A MAJORITY OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES, CONTRACTORS NOR FAMILY MEMBERS. MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR MOST DEPARTMENTS. THE MEDICAL CENTER BY POLICY DEVOTES TEN PERCENT OF ITS NET INCOME TO BE USED BY CARE FOR THE POOR PROGRAMS. THESE FUNDS SUPPORT THE MEDICAL CENTER'S COMMUNITY CLINICS AND OTHER CRITICAL PROGRAMS FOR THE UNDERSERVED. IN ADDITION, THE MEDICAL CENTER BUDGETS 1.5% OF TOTAL EXPENSES FOR COMMUNITY HEALTH AND HEALTHY COMMUNITIES PROGRAMS. THE MEDICAL CENTER ALSO RECEIVES GRANTS AND CONTRACTS TO SUPPORT COMMUNITY HEALTH PROGRAMS APPLYING ALL THE FUNDS TO DIRECT SERVICES FOR THE COMMUNITY. THE MEDICAL CENTER HAS A STRATEGIC GOAL TO WORK TOWARDS ITS COMMUNITIES BEING IN THE TOP 10% IN HEALTH STATUS IN THE UNITED STATES. THIS EFFORT HAS BEEN UNDERTAKEN IN PARTNERSHIP WITH LOCAL COMMUNITY COLLABORATIVES WHERE THE MEDICAL CENTER COMMUNITY BENEFIT STAFF PROVIDE LEADERSHIP AND SUPPORT. THESE COLLABORATIVES INCLUDE FULLERTON COLLABORATIVE, PLACENTIA FAMILIES FIRST COLLABORATIVE, LA HABRA COLLABORATIVE, BUENA PARK COLLABORATIVE AND THE ORANGE COUNTY NUTRITION AND PHYSICAL ACTIVITY COLLABORATIVE. IN ADDITION, THE MEDICAL CENTER IS A LEADER IN THE CALIFORNIA KIDS COLLABORATIVE, PROVIDING ACCESS TO CARE FOR THE UNINSURED AND THE HEALTHY FOR LIFE COLLABORATIVE FOCUSED ON CHILDHOOD OBESITY REDUCTION IN THE SCHOOL SETTING. THE MEDICAL CENTER ALSO PARTICIPATES IN THE UCI COMMUNITY ACTION PARTNERSHIP GROUP TO FURTHER COMMUNITY-CAMPUS RESEARCH BASED PARTNERSHIPS. THE MEDICAL CENTER IS A HUB FOR STUDENT PLACEMENTS, INCLUDING STUDENTS IN NURSING, PUBLIC HEALTH, SOCIAL WORK, GERONTOLOGY, AND ANCILLARY SERVICES. SPECIAL NEEDS HIGH SCHOOL STUDENTS ARE PROVIDED A VOCATIONAL EXPERIENCE AT THE HOSPITAL. IN ADDITION, THE MEDICAL CENTER IS A SITE FOR HUNDREDS OF COMMUNITY VOLUNTEERS WHO ASSIST IN EVERY MAJOR DEPARTMENT OF THE HOSPITAL. FINALLY, THE MEDICAL CENTER IS A HEALTH CARE PROVIDER FOR THE UNDERSERVED BOTH AT THE PRIMARY CARE, SECONDARY CARE AND TERTIARY CARE LEVELS THROUGH ITS COMMUNITY CLINICS, ANCILLARY SERVICES AND CHARITY CARE INPATIENT SERVICES. EACH YEAR MORE THAN 125 PHYSICIANS, NURSES AND SUPPORT STAFF VOLUNTEER TO PROVIDE FREE SURGERIES TO UNINSURED PATIENTS IN PARTNERSHIP WITH ACCESS OC. THE MEDICAL CENTER LIVES ITS MISSION TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST. JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE.

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

GIVING BACK TO THE COMMUNITY PERMEATES EVERY ASPECT OF OUR ORGANIZATION AS A MEMBER OF THE FAITH-BASED HEALTHY MINISTRY OF ST JOSEPH HEALTH SYSTEM, WE HAVE A FUNDING STREAM TO ADDRESS THE NEEDS OF THE ECONOMICALLY POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE ON AN ANNUAL BASIS, 10 PERCENT OF OUR NET OPERATING INCOME IS DEVOTED TO FUND COMMUNITY PROGRAMS FOR THE ECONOMICALLY POOR THE ST JOSEPH HEALTH SYSTEM FOUNDATION, A MEMBER OF ST JOSEPH HEALTH SYSTEM, IS CHARGED WITH THE DISTRIBUTION OF THESE FUNDS IN ADDITION TO DEVOTING A PERCENTAGE OF OUR NET OPERATING INCOME TO COMMUNITY BENEFIT SERVICES FOR THE ECONOMICALLY POOR, WE STRIVE TO ANNUALLY BUDGET A PORTION OF OUR TOTAL OPERATING EXPENSES FOR HEALTHY COMMUNITIES AND COMMUNITY HEALTH EFFORTS

Software ID:

Software Version:

EIN: 95-1643325

Name: ST JUDE HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ST JOSEPH HEALTH SYSTEM 500 S MAIN STREET SUITE 700 ORANGE, CA92868 95-3589356	HEALTHCARE	CA	501(C)(3)	11, I	NA
ST JUDE MEMORIAL FOUNDATION 1440 N HARBOR BLVD STE 200 FULLERTON, CA92835 95-3607229	FOUNDATION	CA	501(C)(3)	11, I	NA
QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS
REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	SJHS
MISSION HOSPITAL REGIONAL MEDICAL CENTER 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	SJHS
COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS
ST JOSEPH HEALTH SYSTEM FOUNDATION 500 S MAIN STREET SUITE 1000 ORANGE, CA92868 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS
ST JOSEPH HEALTH MINISTRY 500 S MAIN STREET ORANGE, CA92868	RELIGIOUS ORG	CA	501(C)(3)	1	NA
SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA
ST JOSEPH HERITAGE HEALTHCARE FDN 279 E IMPERIAL HIWY 750 FULLERTON, CA92635 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS
ST JOSEPH HOME CARE NETWORK 170 PROFESSIONAL CENTER DR B ROHNERT PARK, CA94928 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	ST JOSEPH HEALTH SYSTEM FOUNDATION	B	6,194,800
(2)	ST JOSEPH HEALTH SYSTEM FOUNDATION	C	3,306,522
(3)	ST JOSEPH HERITAGE HEALTHCARE FDN	B	56,529
(4)	ST JOSEPH HERITAGE HEALTHCARE FDN	I	794,200
(5)	ST JOSEPH HERITAGE HEALTHCARE FDN	R	461,157
(6)	SANTA ROSA MEMORIAL HOSPITAL		0
(7)	ST JOSEPH HOSPITAL OF EUREKA		0
(8)	REDWOOD MEMORIAL HOSPITAL		0
(9)	ST JOSEPH HOSPITAL OF ORANGE		0
(10)	MISSION HOSPITAL REGIONAL MEDICAL CENTER		0
(11)	ST MARY MEDICAL CENTER		0
(12)	COVENANT HEALTH SYSTEM		0
(13)	ST JUDE MEMORIAL FOUNDATION		0
(14)	ST JOSEPH HOME CARE NETWORK		0
(15)	QUEEN OF THE VALLEY MEDICAL CENTER		0
(16)	ST JOSEPH PROF SRVS ENTERPRISES INC		0
(17)	AMERICAN UNITY GROUP LTD		0
(18)	ST JOSEPH DIVERSIFIED VENTURES INC		0

Additional Data

Software ID:

Software Version:

EIN: 95-1643325

Name: ST JUDE HOSPITAL INC

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			
LEE PENROSE CEO/PRESIDENT	50 0	X		X				0	652,477	40,243
WILLIAM E JENNINGS JR CHAIRMAN	2 0	X						0	0	0
SR PATRICIA HALEY VICE CHAIRMAN	2 0	X						0	0	0
JAMES BENOIT MD SECRETARY/TREASURER	2 0	X		X				0	0	0
WILLIAM FOLEY MD CHIEF OF STAFF	2 0	X						0	0	0
DENNIS BUCHANAN MD TRUSTEE	2 0	X						0	0	0
ALLISON FOLEY MD TRUSTEE	2 0	X						0	0	0
FATHER TIM FREYER TRUSTEE	2 0	X						0	0	0
JUAN GARCIA TRUSTEE	2 0	X						0	0	0
SR MARY ANNE HUEPPER TRUSTEE	2 0	X						0	0	0
SR ELLEN JORDAN TRUSTEE	2 0	X						0	0	0
SR LOUISE ANNA MICEK TRUSTEE	2 0	X						0	0	0
KEVIN MURPHY PHD TRUSTEE/VP MISSION INTEGRATION	2 0	X		X				0	314,576	41,843
MR JAMES WINDER TRUSTEE	2 0	X						0	0	0
RUBEN CABRAL MD TRUSTEE	2 0	X						0	0	0
EW TED JONES TRUSTEE	2 0	X						0	0	0
THOMAS C HUGHES MD TRUSTEE	2 0	X						0	0	0
EDUARDO SALVADOR CHIEF FINANCIAL OFFICER	50 0			X				309,655	0	26,571
BRIAN HELLELAND CHIEF OPERATING OFFICER	50 0				X			457,931	0	35,270
MARK JABLONSKI SR VP HUMAN RESOURCES	50 0				X			434,643	0	42,199
MICHAEL MARINO VP MEDICAL AFFAIRS	50 0				X			330,637	0	5,161
CLAIRE HANKS VP NURSING SERVICES	50 0				X			313,180	0	18,031
KAREN CANNIZZARO VP OPERATIONS	50 0				X			252,876	0	35,078
BARRY ROSS VP HEALTHY COMMUNITIES	40 0					X		300,389	0	53,811
KEVIN MANEMANN VP OPERATIONS	40 0					X		314,123	0	35,961

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				
SUSAN SMITH VP PHILANTHROPY	40 0					X		281,416	0	34,106	
DRU ANN COPPING VP MARKETING PUBLIC AFFAIRS	40 0					X		242,159	0	10,183	
MARTHA LOMELI DIRECTOR RESPIRATORY CARE	40 0					X		238,458	0	11,055	
ROBERT FRASCHETTI FORMER CEO/FORMER OFFICER							X	0	145,346	779	
DOREEN DANN FORMER COO/FORMER KEY EMPLOYEE							X	650,620	0	11,545	

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
NET PATIENT SERVICE REV	622,110	457,177,036	457,177,036		
LABORATORY	621,511	1,934,053	1,578,021	356,032	
MOB RENTAL	531,120	1,685,869	1,685,869		
CAFETERIA	722,310	1,627,137	1,627,137		
REHAB/WELLNESS CENTER	622,110	339,077	339,077		