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JD 43-0837351

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission
- (1) Provide programs for medical staff (Continuing Education programs & Staff Council meetings)
- (2) Support medical staff libraries for research
- (3) Donations to medical educational institutions and various local charities
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
- If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
- If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 16,725 including grants of \$ 0 ) (Revenue \$ 0 )

GENERAL STAFF AND STAFF COUNCIL MEETINGS throughout the year which provides the attendees to the opportunity to keep abreast of recent advances in their profession and to interact with other professionals

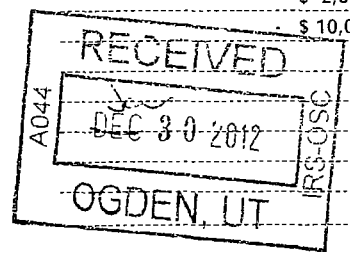
4b (Code ) (Expenses \$ 2,384 including grants of \$ ) (Revenue \$ )

SUPPORT THE MEDICAL STAFF LIBRARIES - used for in-house research

4c (Code ) (Expenses \$ 112,500 including grants of \$ ) (Revenue \$ )

DONATIONS

- \$ 97,500 - WASHINGTON UNIVERSITY - Medical scholarships
- \$ 1,250 - RONALD McDONALD HOUSE
- \$ 1,250 - ST LOUIS CRISIS NURSERY
- \$ 2,500 - ST LOUIS AREA FOOD BANK
- \$ 10,000 - MISSOURI STATE MEDICAL ASSOCIATION FOR IMPAIRED PHYSICIANS PROGRAM



4d Other program services (Describe in Schedule O)

(Expenses \$ 3,048 including grants of \$ ) (Revenue \$ 0 )

4e Total program service expenses 134,657

ED# 43-0837-351

**Part V**

**Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		✓
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	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.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	✓
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	✓
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	✓

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

Check if Schedule O contains a response to any question in this Part VI ☐

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	28	
b	Enter the number of voting members included in line 1a, above, who are independent	28	
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?		✓
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?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Does the organization have members or stockholders?	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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		✓

**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?	✓
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?	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	✓
13	Does the organization have a written whistleblower policy?	✓
14	Does the organization have a written document retention and destruction policy?	✓
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	✓
b	Other officers or key employees of the organization	✓
	If "Yes" to line 15a or 15b, 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?	✓
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?	✓

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► D M Nauman - 216 S Kingshighway - St Louis, MO, 63110

FD #43-087357

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII ☐

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average— hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Ira J. Kodner, M.D. President of the Medical Staff				✓				0	0	0
(2) Bruce H. Cohen, M.D. President Elect				✓				0	0	0
(3) Sandor J. Kovacs, M.D. Secretary-Treasurer				✓				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

ID# 43-0837357

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	17,500	17,500	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)	11,500	8,625	2,875	
7	Other salaries and wages	0	0	0	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees)				
a	Management	0	0	0	
b	Legal	0	0	0	
c	Accounting	550	0	550	
d	Lobbying	0	0	0	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0	0	0	
g	Other	0	0	0	
12	Advertising and promotion	0	0	0	
13	Office expenses	5,783	3,950	1,833	
14	Information technology	0	0	0	
15	Royalties	0	0	0	
16	Occupancy	0	0	0	
17	Travel	0	0	0	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings	0	0	0	
20	Interest	0	0	0	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	0	0	0	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	Gifts, Memorials given	2,163	2,163	0	
b	General Staff / Staff Council Meetings	16,725	16,725	0	
c	Libraries	2,384	2,384	0	
d	Donations (See details-Page 2, Line 4c)	112,500	112,500	0	
e	Miscellaneous	885	708	177	
f	All other expenses	134,657	134,480	177	
25	<b>Total functional expenses.</b> Add lines 1 through 24f	169,990	164,555	5,435	
26	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

1D#43-0837351

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	191,313
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,990
3	Revenue less expenses Subtract line 2 from line 1	3	21,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	287,453
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	308,777

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input 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?	✓	
b Were the organization's financial statements audited by an independent accountant?		✓
c If "Yes" to line 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		
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?		✓
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		

Barnes-Jewish Hospital Medical Staff Association  
 Form: 990  
 Tax Period: June 30, 2011  
 Document Locator Number: 29493-316-00324-1

**1. Part III - Statement of Program Service Accomplishments**

- a) Line 2 Response to Line 2.....N/A
- b) Line 3 Response to Line 3.....N/A
- c) 4d Other program services on line 4d:
- |           |    |        |
|-----------|----|--------|
| Expenses: | \$ | 3,048. |
| Grants:   | \$ | 00.    |
| Revenue:  | \$ | 00.    |

**2. Part V – Statement Regarding Other IRS Filings and Tax Compliance**

- a) 3b “Did the organization have unrelated gross income of \$1,000 or more during the year?”
- [NO] Medical staff dues and interest income are the sole source of all gross income.*
- b) 13a “Is the organization licensed to issue qualified health plan in more than one state?”
- [NO] Organization has nothing to do with health plans.*
- c) 14b “Did the organization receive any payments or indoor tanning services during the tax year?”
- [NO] Organization has nothing to do with tanning services.*

**3. Part VI – Governance, Management, and Disclosure.**

- a) 1a “Enter the number of voting members of the governing body at the end of the tax year.....[ 28 ]
- b) 1b “Enter the number of voting members included in line 1a who are independent.....[ 28 ]
- c) “Yes” responses in lines 2 through 7b
- 6 “Does the organization have members or stockholders?”

*[ Yes] - members of the medical staff – no stockholders*



**3. Part VI – Governance, Management, and Disclosure - continued**

**7a** “Does the organization have members, etc.... who may elect one or more members of the governing body?”

*[ Yes]. At the monthly meetings current members may elect new members based on vacancies due to retirement, resignations, death.*

**7 b** “Are any decisions of the governing body subject to approval by members?”

*Yes. Members vote on proposals as submitted by the executive committee.*

d) **8a** Response to line 8a..... N/A

**8b** Response to line 8b..... N/A

**10b** Response to line 10b ..... N/A

e) **Line 9** Response to line 9 ..... N/A

f) Description of process for review of Form 990, if any, in response to line 11b.

**11 b** *Hired independent tax preparer to review prior tax forms and prepare forms for 2010. Forms also reviewed by secretary/treasurer and other members of executive committee.*

g) **12c** Response to line 12c..... N/A

h) Description of process for determining compensation on lines 15a and 15b.

**15a** *Amount determined and voted on by members of executive committee.*

**15b** *Amount determined and voted on by members of executive committee.*

i) If applicable, in response to line 18, an explanation as to why the organization did not make any Forms 990 publicly available.

**Line 18** *Forms are kept in office of Medical Staff Association and can be inspected “upon request”.*

**3. Part VI – Governance, Management, and Disclosure - continued**

- j) Description of public disclosure of documents in response to line 19.

**Line 19** *Governing documents are on "another's website". (www.barnesjewish.org). Financial statements are open to public upon request and must be approved by executive board members. Financial statements open at monthly meetings.*

**4. Part VII – Compensation of Officers, etc.**

- a) Estimate of average hours per week, if any,.....for which compensation was reported in columns (E) or (F).

**E, F** *Time spent two – three hours per week. No compensation paid.*

- b) Description of reasonable efforts undertaken in regard to column (E).

**E** *Former officer compensated. Currently, all officers are volunteers and no form of compensation is made.*

**5. Part IX – Statement of Functional Expenses**

Explanation if amount in line 24f exceeds 10% of amount in line 25.

Gifts, memorials for deceased medical staff:	\$ 2,163
Catering, medical staff meetings:	\$ 16,725
Library – publications for medical staff research:	\$ 2,384
Parking, security badges, etc:	\$ 885
Donations –	
Medical school scholarships	\$ 97,500
Ronald McDonald House	\$ 1,250
St. Louis Crisis Nursery	\$ 1,250
St. Louis Area Foodbank	\$ 2,500
Mo State Medical Assoc.	
Impaired Phys Program	\$ 10,000

**Line 24f** Total all other expenses..... \$134,657

**6. Part XI – Reconciliation of Net Assets**

(Omitted on first draft)

Line 1	Total revenue:	\$191,313
Line 2	Total expenses:	\$169,990
Line 3	Net income (revenue less expenses)	\$ 21,323
Line 4	Net assets/fund bal: Beg of year	\$287,453
Line 5	Other changes in net assets	\$ 0
Line 6	Net assets/fund bal: End of year	\$308,777

**7. Part XII – Financial Statement and Reporting**

a) “Change in accounting methods used on line 1”

**Line 1**      *Cash – no change*

b) Change in committee oversight review from prior year on line 2c.

**Line 2c**      *[ Yes], members of the executive committee.*

c) Response to line 3b.

**Line 3b**      *Line 2c was not checked in our filing of the 2009-10, 990 report. It should have been. The executive committee in prior years has periodically review the records and has annually had the internal account procedures reviewed by an outside consultant.*

**NOTE – SEE REVISED PAGES WHICH HAVE BEEN INCLUDED FOR CLARICAL ERRORS**