



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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
	The organization may have to use a copy of this return to satisfy state reporting requirements	2012 Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization THE FOUNDATION FOR BARNES-JEWISH HOSPITAL		D Employer identification number 43-1648435
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1001 HIGHLANDS PLZ DR WEST NO 140	Room/suite	E Telephone number (314) 286-0600
	City or town, state or country, and ZIP + 4 ST LOUIS, MO 631101339		G Gross receipts \$ 71,236,771
	F Name and address of principal officer MARK KRIEGER 1 BARNES JEWISH HOSP PLAZA ST LOUIS, MO 63110		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ N/A			

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE FOUNDATION FOR BARNES-JEWISH HOSPITAL HELPS DONORS ENRICH LIVES, SAVE LIVES, AND TRANSFORM PATIENT CARE THROUGH CHARITABLE GIFTS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	36
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 47,141,013	Current Year 35,899,494
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,503,915	32,613,441
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,581,112	1,879,587
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,226,040	70,392,522
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,348,627
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		21,530	33,546
16b Total fundraising expenses (Part IX, column (D), line 25)		2,749,350	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		4,093,312	4,278,062
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		22,463,469	117,375,230
19 Revenue less expenses Subtract line 18 from line 12		55,762,571	-46,982,708
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	414,723,436	481,376,758
	21 Total liabilities (Part X, line 26)	16,930,634	112,332,804
	22 Net assets or fund balances Subtract line 21 from line 20	397,792,802	369,043,954

Part II Signature Block

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

Sign Here	Signature of officer				2013-11-15	
	Date					
Paid Preparer Use Only	MARK KRIEGER VICE-PRES ADMIN					
	Type or print name and title					
	Print/Type preparer's name		Preparer's signature		Date	Check ☐ if self-employed
	PTIN P00366526					
	Firm's name ▶ ERNST & YOUNG				Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 190 CARONDELET PLAZA STE 1300				Phone no (314) 290-1000	
	CLAYTON, MO 63105					

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

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

THE FOUNDATION FOR BARNES-JEWISH HOSPITAL GENERATES RESOURCES TO SUPPORT BARNES-JEWISH HOSPITAL, A NATIONAL LEADER, IN ITS QUEST TO PROVIDE EXCELLENT PATIENT CARE, ADVANCE CLINICAL RESEARCH, AND SUPPORT THE EDUCATION OF HEALTHCARE PROFESSIONALS

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 93,923,744 including grants of \$ 93,923,744) (Revenue \$)

RECRUITMENT - REPRESENTS SUPPORT FOR SELECTED RECRUITMENT OF WASHINGTON UNIVERSITY SCHOOL OF MEDICINE FACULTY WHO ALSO SERVE CONCURRENTLY AS DEPARTMENT OR DIVISIONS CHIEFS AT BARNES-JEWISH HOSPITAL OR AS CHAIRPERSONS OF BASIC SCIENCE DEPARTMENTS AT THE SCHOOL OF MEDICINE

4b

(Code) (Expenses \$ 9,436,620 including grants of \$ 9,436,620) (Revenue \$)

RESEARCH - THE FOUNDATION SUPPORTS BIOMEDICAL, AND CLINICAL-TRANSLATIONAL RESEARCH TO ENHANCE PATIENT SAFETY, ELEVATE THE STANDARDS OF CARE, IMPROVE QUALITY OF LIFE, MAKE BREAKTHROUGHS IN TREATMENT AND RECOVERY, AND WIN THE FIGHT AGAINST DEVASTATING DISEASES THESE DISCOVERIES WILL CHANGE HEALTHCARE REGIONALLY, NATIONALLY, AND INTERNATIONALLY WE DISBURSE RESEARCH FUNDING SOLELY TO PHYSICIANS AND RESEARCHERS AFFILIATED WITH THE HOSPITAL AND/OR WASHINGTON UNIVERSITY, OR TO FACULTY OF GOLDFARB SCHOOL OF NURSING AT BARNES-JEWISH COLLEGE ALTHOUGH WE FUND A VARIETY OF HEALTHCARE AREAS PER DONOR WISHES, A MAJORITY OF OUR RESEARCH FUNDING IS FOR PROJECTS IN HEART AND VASCULAR CARE, CANCER, DIABETES, THE NEUROSCIENCES (STROKE, BRAIN TUMOR, AND EPILEPSY), AND ORGAN TRANSPLANT

4c

(Code) (Expenses \$ 3,166,847 including grants of \$ 3,166,847) (Revenue \$)

EDUCATION/SCHOLARSHIP PROGRAM SUPPORT THE FOUNDATION SUPPORTS THE EDUCATION OF PHYSICIANS, RN'S WITHIN GOLDFARB SCHOOL OF NURSING, PHARMACISTS,TECHNICIANS,AND HEALTHCARE ADMINISTRATORS THROUGH FELLOWSHIPS, SCHOLARSHIPS, AWARDS, LECTURES AND CONFERENCES BY PROVIDING CONTINUING EDUCATION, THE FOUNDATION ATTAINS PROFESSIONAL AND QUALITY STANDARDS

(Code) (Expenses \$ 6,536,411 including grants of \$ 6,536,411) (Revenue \$)

OTHER PROGRAM SERVICES PATIENT CARE, CAPITAL,COMMUNITY SUPPORT/OUTREACH SERVICES,EXTERNAL COMMUNITY GRANTS,CHAIRHOLDERS AND OTHERS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 6,536,411 including grants of \$ 6,536,411) (Revenue \$)

4e

Total program service expenses ▶ 113,063,622

Form 990 (2012)

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 (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
b 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 	11b Yes	
c 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 	11c	No
d 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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions) 	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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 11b 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

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?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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 (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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 as charitable contributions?		No
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).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		No
7d	If "Yes," indicate the number of Forms 8822 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

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	39	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	36	
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	No
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?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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	IL
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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	VALERIE GRAY 1001 HIGHLANDS PLZ DR WEST ST LOUIS, MO (314) 286-0572

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

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** 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	2,056,769	245,657

\$100,000 of reportable compensation from the organization

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE PRODUCERS GROUP 4818 WASHINGTON BLVD ST LOUIS MO 63108	PRODUCTION SERVICES & ENTERTAINMENT	115,242

\$100,000 of compensation from the organization ■-1

Part VIII

Statement of Revenue

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

			(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	35,899,494			
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f				
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	9,573,148			9,573,148
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	242,343			242,343
	6a	(i) Real				
		(ii) Personal				
	b	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
	b	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ 864,766 of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	RECOVERY PY GRANTS	900099			
	b	CHG IN BENEF INT-CRT	900099			
	c	ACT GAIN ON ANNUITY	900099			
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,204,245			
	12	Total revenue. See Instructions	70,392,522	0	0	34,493,028

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).

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

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 United States. See Part IV, line 21.	113,063,622	113,063,622		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	89,641			89,641
c	Accounting.	58,913		58,913	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	33,546			33,546
f	Investment management fees.	1,081,942		1,081,942	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	27,013		26,733	280
12	Advertising and promotion.				
13	Office expenses.	309,995		20,144	289,851
14	Information technology.	17,993		2,244	15,749
15	Royalties.				
16	Occupancy.	252,167		252,167	
17	Travel.	10,033			10,033
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	17,673			17,673
20	Interest.				
21	Payments to affiliates.	120,000		120,000	
22	Depreciation, depletion, and amortization.				
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PURCHASED SERVICES	1,899,763			1,899,763
b	CATERING AND MEALS	83,324			83,324
c	DONOR CULTIVATION	13,711			13,711
d	DUES-PROFESSIONAL	5,438			5,438
e	All other expenses	290,456		115	290,341
25	Total functional expenses. Add lines 1 through 24e.	117,375,230	113,063,622	1,562,258	2,749,350
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,557,526	2	4,382,808
	3	Pledges and grants receivable, net			14,858,670	3	15,633,762
	4	Accounts receivable, net			40,350,000	4	25,500,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			32,127	9	30,467
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			10c	
	b	Less: accumulated depreciation	10b				
	11	Investments—publicly traded securities			257,102,431	11	294,649,394
	12	Investments—other securities. See Part IV, line 11			94,843,429	12	136,134,908
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,979,253	15	5,045,419
	16	Total assets. Add lines 1 through 15 (must equal line 34)			414,723,436	16	481,376,758
Liabilities	17	Accounts payable and accrued expenses			611,014	17	579,005
	18	Grants payable			9,839,415	18	100,292,571
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			6,480,205	25	11,461,228
	26	Total liabilities. Add lines 17 through 25			16,930,634	26	112,332,804
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			76,571,514	27	90,838,301
	28	Temporarily restricted net assets			170,404,900	28	125,480,054
	29	Permanently restricted net assets			150,816,388	29	152,725,599
		Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			397,792,802	33	369,043,954
	34	Total liabilities and net assets/fund balances			414,723,436	34	481,376,758

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	70,392,522
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,375,230
3	Revenue less expenses Subtract line 2 from line 1	3	-46,982,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	397,792,802
5	Net unrealized gains (losses) on investments	5	18,413,497
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-179,637
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	369,043,954

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	2b	Yes
2c	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	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	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	

Additional Data

Software ID:

Software Version:

EIN: 43-1648435

Name: THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JAMES T BLAIR DIRECTOR	0 00	X						0	0	0
WILLIAM L BASLER DIRECTOR	20	X						0	0	0
S BRYAN COOK DIRECTOR	10	X						0	0	0
THOMAS R CORBETT DIRECTOR	0 00	X						0	0	0
JOHN P DUBINSKY DIRECTOR	0 00	X						0	0	0
LEON A FELMAN DIRECTOR	20	X						0	0	0
RICHARD S GLASSMAN DIRECTOR	20	X						0	0	0
KEITH B GULLER DIRECTOR	30	X						0	0	0
EARLE H HARBISON JR DIRECTOR	0 00	X						0	0	0
THOMAS J HILLMAN DIRECTOR	30	X						0	0	0
MARK E HOOD DIRECTOR	20	X						0	0	0
DOUGLAS O KIRBERG DIRECTOR	0 00	X						0	0	0
LEE C KLING DIRECTOR	20	X						0	0	0
WILLIAM J KOMAN DIRECTOR	20	X						0	0	0
EDWARD J KOPLAR DIRECTOR	10	X						0	0	0
RICHARD H MILES DIRECTOR	20	X						0	0	0
ROBERT D MILLSTONE DIRECTOR	20	X						0	0	0
SANDRA M MOORE DIRECTOR	10	X						0	0	0
FREDERICK J OERTLI DIRECTOR	10	X						0	0	0
JOSEPH E RECHTER DIRECTOR	20	X						0	0	0
JUDITH RUBIN DIRECTOR	20	X						0	0	0
RON RUBIN DIRECTOR	20	X						0	0	0
STEVEN F SCHANKMAN DIRECTOR	20	X						0	0	0
CRAIG SCHNUCK DIRECTOR	0 00	X						0	0	0
DAVID SHERMAN III DIRECTOR	10	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
THOMAS A STERN DIRECTOR	20	X						0	0	0
JOSEPH A STIEVEN DIRECTOR	20	X						0	0	0
PATRICK STOKES DIRECTOR	0 00	X						0	0	0
LAWRENCE E THOMAS DIRECTOR	20	X						0	0	0
JOHN A VIRANT DIRECTOR	20	X						0	0	0
DAVID A YAWITZ DIRECTOR	20	X						0	0	0
MARK H ZORENSKY DIRECTOR	20	X						0	0	0
SUSAN K GOLDBERG VICE CHAIRMAN, DIRECTOR	30	X		X				0	0	0
RICHARD J LIEKWEG EXEC VICE PRES, DIRECTOR	3 70	X		X				0	1,253,505	112,323
SALLY H ROTH VICE CHAIRMAN, DIRECTOR	30	X		X				0	0	0
JULIA S RUVELSON VICE PRESIDENT, DIRECTOR	52 00	X		X				0	340,001	60,727
PETER A SMITH VICE CHAIRMAN, DIRECTOR	30	X		X				0	0	0
KENNETH B STEINBACK CHAIRMAN, DIRECTOR	1 00	X		X				0	0	0
KENNETH H SUELTHAUS VICE CHAIRMAN, DIRECTOR	30	X		X				0	0	0
HARVEY N WALLACE VICE CHAIRMAN, DIRECTOR	30	X		X				0	0	0
MARK KRIEGER ASST SECY/TREASURER	50			X				0	463,263	72,607

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

2012

Open to Public
Inspection

Name of the organization THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	Employer identification number 43-1648435
---	--

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

☐

2

☐

3

☐

4

☐

5

☐

6

☐

7

☒

8

☐

9

☐

10

☐

11

☐

e

☐

f

g

h

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

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

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

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)

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

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)

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

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)

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

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

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)

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

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 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?

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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,483,377	13,420,798	47,992,913	47,141,013	35,899,494	156,937,595
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	12,483,377	13,420,798	47,992,913	47,141,013	35,899,494	156,937,595
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						156,937,595

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	12,483,377	13,420,798	47,992,913	47,141,013	35,899,494	156,937,595
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,069,356	4,184,226	4,378,617	5,177,495	9,815,491	31,625,185
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						188,562,780
12 Gross receipts from related activities, etc (see instructions)					12	2,844,910
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 2012 (line 6, column (f) divided by line 11, column (f))	14	83 230 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	79 770 %
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Employer identification number
43-1648435

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

► \$ _____
► \$ _____

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

3

Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	244,001,329	256,144,032	231,841,082	183,913,060	259,028,869
b Contributions	3,756,681	2,114,161	2,369,196	6,386,429	11,648,832
c Net investment earnings, gains, and losses	34,170,294	-3,651,117	31,241,126	49,067,704	-75,193,815
d Grants or scholarships					
e Other expenditures for facilities and programs	-10,124,110	-8,695,853	-7,486,185	-5,770,532	-9,725,489
f Administrative expenses	-2,126,893	-1,909,894	-1,821,206	-1,755,579	-1,845,337
g End of year balance	269,677,301	244,001,329	256,144,032	231,841,082	183,913,060

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 21 500 %

b

Permanent endowment ▶ 50 600 %

c

Temporarily restricted endowment ▶ 27 900 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

4

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2012

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	87,724,077
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	18,413,495
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	18,413,495
3	Subtract line 2e from line 1	3	69,310,582
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	1,081,940
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,081,940
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	70,392,522

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	116,293,288
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	116,293,288
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	1,081,942
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,081,942
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	117,375,230

Part XIII

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION ALLOCATES AND ADMINISTERS ENDOWMENT EARNINGS TO ADVANCE PROJECTS AND PROGRAMS IN HEALTHCARE BEYOND STANDARD OPERATING NEEDS, AND WHICH FURTHER THE MISSIONS OF BARNES-JEWISH HOSPITAL, WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, AND PARTNERING HEALTHCARE ORGANIZATIONS IN THE COMMUNITY. THIS INCLUDES HOSPITAL CENTERS, NURSING SCHOOL PROFESSORSHIPS AND DEANSHIPS, RESEARCH, FELLOWSHIPS, SCHOLARSHIPS, AWARDS, PATIENT CARE, HEALTH-RELATED SOCIAL SERVICES AND PATIENT SERVICES, COMMUNITY OUTREACH AND EDUCATION PROGRAMS.

Additional Data

Software ID:

Software Version:

EIN: 43-1648435

Name: THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other		
(A) PRIVATE EQUITY	24,098,139	F
(B) ALTERNATIVE INVESTMENT	60,466,664	F
(C) ILLIQUID REAL ASSETS	10,997,758	F
(D) COMMODITIES	5,070,697	F
(E) PE CO-INVESTS	3,067,866	F
(F) BANK LOANS-TRILOGY	4,112,189	F
(G) GSO BANK LOANS	25,827,957	F
(H) VESTIS LIFE SCIENCES FUND	2,465,642	F
(I) SHORT TERM INVESTMENTS	27,996	F

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Employer identification number
43-1648435

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☒

Mail solicitations

b

☐

Internet and email solicitations

c

☐

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☒

Special fundraising events
- 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 services?

☒ 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.

(i) Name and address 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			
WORDS DATA & IMAGING LLC 3190 RIDER TRAIL EARTH CITY, MO 63045	DIRECT MAIL		No	214,640	8,546	206,094
HARRIS CONNECT 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	HARRIS CONNECT, LLC		No	10,993	25,000	-14,007
Total ▶				225,633	33,546	192,087

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.

MO, FL, IL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ILLUMINATIONS GALA (event type)	(event type)	3 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	1,517,936		1,517,936
	2	Less Contributions . .	864,766		864,766
	3	Gross income (line 1 minus line 2)	653,170		653,170
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	113,965		113,965
	8	Entertainment	101,150		101,150
	9	Other direct expenses .	5,056		5,056
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					432,999

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			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ 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? ☐ Yes ☐ No

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ 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? ☐ Yes ☐ No

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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Employer identification number
43-1648435

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. Part II can be duplicated if additional space is needed.

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

14

3

Enter total number of other organizations listed in the line 1 table

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.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE FOUNDATION FOR BARNES-JEWISH HOSPITAL (FOUNDATION) PROVIDES GRANT SUPPORT TO BARNES-JEWISH HOSPITAL (HOSPITAL), WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, AND A LIMITED NUMBER OF COMMUNITY ORGANIZATIONS WHOSE MISSIONS ARE CONSISTENT WITH THE WORK OF THE HOSPITAL FOR THE HOSPITAL AND UNIVERSITY GRANT APPLICATIONS ARE SUBMITTED WHICH INCLUDE A BUDGET AND A NARRATIVE THE APPLICATIONS FOR SPECIFIC PROJECT GRANTS MUST BE REVIEWED AND APPROVED BY AN INSTITUTIONAL OFFICIAL PRIOR TO SUBMISSION IN SOME CASES, APPLICATIONS ARE RECEIVED IN RESPONSE TO A SPECIFIC CALL FOR PROPOSALS, WHICH ARE REVIEWED FOR MERIT BY A SPECIAL ADVISORY COMMITTEE GRANTS ARE AWARDED TYPICALLY FOR A 12-MONTH PERIOD, WITH A NOTICE OF GRANT AWARD ISSUED WHICH INCLUDES THE TERMS AND CONDITIONS ALL GRANT EXPENSES INCURRED BY THE HOSPITAL ARE REVIEWED FOR COMPLIANCE BY HOSPITAL ACCOUNTING STAFF HOSPITAL ACCOUNTING STAFF RECEIVE ONGOING TRAINING ON THE TERMS AND CONDITIONS OF FOUNDATION GRANTS A REVIEW OF WU SCHOOL OF MEDICINE EXPENSES RELATED TO SPECIFIC PROJECT GRANTS ARE PERFORMED BY UNIVERSITY STAFF AS THE EXPENSES ARE INCURRED THE UNIVERSITY SUBMITS QUARTERLY EXPENSE REPORTS TO THE FOUNDATION FOR REVIEW HOSPITAL ACCOUNTING STAFF RECEIVES INVOICES SUBMITTED BY THE UNIVERSITY AND APPROVES THEM ON THE FOUNDATION'S BEHALF FOR ALL HOSPITAL AND UNIVERSITY GRANTS, A PROGRESS REPORT, INCLUDING NARRATIVE AND EXPENSE RECAP, IS REQUIRED UPON EXPIRATION OF A BUDGET PERIOD FOUNDATION STAFF VERIFY THE COMPLETENESS OF THE REPORT FOR COMMUNITY GRANTS SELECTED SUPPORT IS PROVIDED TO LOCAL NONPROFITS FOR HEALTH-RELATED PROGRAMS TO BENEFIT COMMUNITY RESIDENTS, WITH EMPHASIS ON PROGRAM INNOVATION AND SERVICE DELIVERY TO TRADITIONALLY UNDERSERVED POPULATIONS COMMUNITY GRANT MATERIALS WERE ADAPTED CLOSELY FROM THE HOSPITAL AND WU SCHOOL OF MEDICINE GRANTEE DOCUMENTS SUPPORT PARAMETERS WERE DEVELOPED BY FOUNDATION STAFF AND THE STEWARDSHIP COMMITTEE OF THE FOUNDATION BOARD, WHICH IS CHARGED TO REVIEW AND RECOMMEND APPLICATIONS FOR FUNDING TO THE BOARD TYPICALLY, SUPPORT IS GRANTED FOR 12 MONTHS, WITH SOME GRANTEES AWARDED MULTI-YEAR FUNDING CONDITIONED ON SUCCESSFUL FULFILLMENT OF OBJECTIVES ANNUAL AWARDS ARE PAID AT THE START OF THE GRANT PERIOD COMMUNITY GRANTEES SUBMIT INTERIM (SIX MONTHS) AND FINAL PROGRESS REPORTS, INCLUDING NARRATIVE AND EXPENSE RECAP FOUNDATION STAFF REVIEW THESE FOR COMPLIANCE AND SUCCESS IN MEETING OBJECTIVES AND REPORT FINDINGS TO THE STEWARDSHIP COMMITTEE TOTAL GRANTS FOR 2012 \$113,063,622

Software ID:

Software Version:

EIN: 43-1648435

Name: THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARNES - JEWISH HOSPITAL216 SOUTH KINGSHIGHWAY ST LOUIS,MO 63110	23-7309937	501(C)(3)	4,694,052				RESEARCH, PATIENT SUPPORT, EDUCATION, CAPITAL, COMMUNITY SERVICES
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE CAMPUS BOX 8018 660 SOUTH EUCLID AVE ST LOUIS,MO 63110	43-0653611	501(C)(3)	107,610,750				RESEARCH, PATIENT SUPPORT, EDUCATION, MD RECRUITMENT
BARNES-JEWISH WEST COUNTY HOSPITAL12634 OLIVE STREET ROAD ST LOUIS,MO 63141	43-1527130	501(C)(3)	32,745				OWEN KANTER LECTURE AND HEALING GARDEN MAINTENANCE
BJC HOME CARE SERVICES 1935 BELTWAY DRIVE ST LOUIS,MO 63114	43-1450457	501(C)(3)	192,125				HOME CARE - CARING FOR PATIENTS \$35,000, HOSPICE \$35,500, LUMINA TRAINING \$29,720
OASIS INSTITUTE7710 CARONDELET AVE ST LOUIS,MO 63105	43-1830354	501(C)(3)	128,000				OASIS HEALTHY AGING INITIATIVE - COMMUNITY OUTREACH
PEDAL THE CAUSE7733 FORSYTH BLVD1375 ST LOUIS,MO 63105	27-2233336	501(C)(3)	100,000				ANNUAL FUNDRAISING BIKE CHALLENGE FOR CANCER RESEARCH
FOOD OUTREACHINC3117 OLIVE STREET ST LOUIS,MO 63103	43-1492878	501(C)(3)	50,000				TO PROVIDE ASSISTANCE TO LOW-INCOME COMMUNITY RESIDENTS
HAVEN HOUSE ST LOUIS 12685 OLIVE BLVD ST LOUIS,MO 63141	20-1876315	501(C)(3)	32,500				GRANT TO SUPPORT HAVEN HOUSE TO ACCOMPLISH THEIR MISSION TO ECONOMALLY DISTRESS FAMILIES
BETHANY PLACE821 WA STREET BELLEVILLE,IL 62220	37-1283362	501(C)(3)	10,000				PROVIDE HIV PREVENTION, EDUCATION AND HOUSING
ST LOUIS EFFORT FOR AIDS627 SVANDEVENTER AVE ST LOUIS,MO 63110	43-1395179	501(C)(3)	20,000				THE BEACON PROJECT- UNDESERVED COMMUNITY RESIDENTS WITH AID/HIV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACES FOR PEOPLE INC 4130 LINDELL BLVD ST LOUIS,MO 63108	23-7433924	501(C)(3)	18,500				PILOT PROGRAM OF GROUP FITNESS CLASSES
HEALTH PROTECTION & EDUCATION8147 DELMARSUITE 210 ST LOUIS,MO 63130	27-2096715	501(C)(3)	25,000				PART-TIME PROFESSIONAL HEALTH COACHES FOR SCREENING AND HEALTH CARE REFERRAL PROGRAM
EXPLORE TRANSPLANT 3147 LOCUST STREET ST LOUIS,MO 63103	27-2071049	501(C)(3)	49,950				OUTREACH AND TRAINING PROGRAM WITH KIDNEY DIALYSIS CENTERS
URBAN STRATEGIES INC 720 OLIVE STREET SUITE 2600 ST LOUIS,MO 63101	43-1141027	501(C)(3)	100,000				CONSTRUCT FACILITY FOR CHILDHOOD EDUCATION AND FAMILY LITERACY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Employer identification number
43-1648435

Part I

Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)RICHARD J LIEKWEG EXEC VICE PRES, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	605,776	644,735	2,994	82,703	29,620	1,365,828	71,380
(2)JULIA S RUVELSON VICE PRESIDENT, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	224,559	111,474	3,968	36,959	23,768	400,728	13,360
(3)MARK KRIEGER ASST SECY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	354,404	105,233	3,626	53,227	19,380	535,870	19,430

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DURING 2012, THE ORGANIZATION REIMBURSED EXPENSES FOR SOCIAL CLUB DUES FOR ONE EXECUTIVE IN THE AMOUNT OF \$4,185. THE PAYMENTS WERE MADE PURSUANT TO A WRITTEN POLICY THAT ALLOWS FOR DIRECT PAYMENTS OR REIMBURSEMENTS BASED ON ADEQUATE SUBSTANTIATION OF THE ALLOWABLE EXPENSE. DOCUMENTATION OF THESE EXPENSES IS RETAINED IN THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION AND, IF REQUIRED, INCLUDED IN THE REPORTABLE COMPENSATION OF THE INDIVIDUALS LISTED HERE IN.
	PART I, LINE 3	FORM 990, PART VI, SECTION B, LINE 15A-B. THE COMPENSATION AND BENEFIT AMOUNTS OF THE ORGANIZATION'S OFFICERS AND TOP MANAGEMENT OFFICIALS ARE DETERMINED BY AN INDEPENDENT COMMITTEE OF BJC HEALTH SYSTEM, AN AFFILIATE OF THE FOUNDATION FOR BARNES-JEWISH HOSPITAL. THE COMMITTEE IS COMPRISED OF INDEPENDENT PERSONS AND USES INDEPENDENT COMPENSATION STUDIES AND BENCHMARKING DATA TO ESTABLISH COMPENSATION AMOUNTS AND GUIDELINES. ALL AMOUNTS ARE APPROVED BY THE COMPENSATION COMMITTEE. THE ORGANIZATION RECONCILES THE AGGREGATE AMOUNTS PAID TO THE APPROVAL AMOUNTS SHORTLY AFTER THE CLOSE OF EACH CALENDAR YEAR.
	PART I, LINE 4B	DURING 2012, THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ACCRUALS FROM THE ORGANIZATION AS REPORTED IN THE DETAILS OF COMPENSATION AND BENEFITS (SEE FROM 990, PART VII AND SCHEDULE J, PART II): MARK H. KRIEGER \$40,997; JULIA S. RUVELSON \$25,320; RICHARD J. LIEKWEG \$139,235.
	PART I, LINE 7	DURING 2012, COMPENSATION PROVIDED BY RELATED ORGANIZATIONS INCLUDED INCENTIVE PAYMENTS TO CERTAIN EXECUTIVES THAT ARE CALCULATED USING A PERCENT OF BASE PAY AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE MET. THE AMOUNT OF INCENTIVE PAYMENTS DID NOT ACCRUE TO THE BENEFIT OF THE INDIVIDUALS UNTIL AFTER THE FINANCIAL RESULTS OF THE RELATED ORGANIZATION WERE DETERMINED FOR THE CALENDAR YEAR.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Employer identification number
43-1648435

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	24	377,650	AVERAGE HIGH/LOW
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 Acknowledgement29

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?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

Yes

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	GIFTS OF SECURITIES ARE DELIVERED INTO ACCOUNTS ESTABLISHED UNDER THE FOUNDATION FOR BARNES-JEWISH HOSPITAL'S NAME AT VARIOUS FINANCIAL INSTITUTIONS WHEN SECURITIES ARE RECEIVED, REPRESENTATIVES OF THESE INSTITUTIONS NOTIFY THE FOUNDATION FOR BARNES-JEWISH HOSPITAL OF THE DATE OF DELIVERY NORMALLY THE FOUNDATION FOR BARNES-JEWISH HOSPITAL PERSONNEL INSTRUCT THESE INSTITUTIONS TO SELL THE SECURITIES IMMEDIATELY UPON RECEIPT, UNLESS OTHER DONOR STIPULATIONS EXIST OR IT IS NOT PRUDENT AND/OR POSSIBLE TO DO SO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization THE FOUNDATION FOR BARNES-JEWISH HOSPITAL	Employer identification number 43-1648435
---	--

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	PROGRAM SUPPORT-RECRUITMENT REPRESENTS SUPPORT PROVIDED FOR SELECTED RECRUITMENT OF WASHINGTON UNIVERSITY SCHOOL OF MEDICINE FACULTY WHO ALSO SERVE CONCURRENTLY AS DEPARTMENT OR DIVISION CHIEFS OF SERVICE AT BARNES-JEWISH HOSPITAL OR AS CHAIRPERSONS OF BASIC SCIENCE DEPARTMENTS AT THE SCHOOL OF MEDICINE

Identifier	Return Reference	Explanation
NUMBER REPORTED IN BOX 3 FORM 1096	FORM 990, PART V, LINE 1	THE ORGANIZATION IS AN AFFILIATE OF BJC HEALTH SYSTEM (BJC), A SUPPORTING ORGANIZATION DESCRIBED IN CODE SECTION 509(A)(3) BJC ASSUMES RESPONSIBILITY FOR REMITTING ALL PAYMENTS TO VENDORS THROUGH A CENTRALIZED ACCOUNTS PAYABLE SYSTEM BJC ALSO ASSUMES RESPONSIBILITY FOR REPORTING THESE PAYMENTS TO THE IRS USING ITS EIN AS THE COMMON PAYOR ON FORM(S)1099,1098,5498, AND W-2G THE AMOUNT REPORTED ON LINE 1,IF ANY REFLECTS THE NUMBER OF FORMS FILED BY BJC HEALTH SYSTEM (EIN 43-1617558) ON BEHALF OF THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	CERTAIN OFFICERS, DIRECTORS OR KEY EMPLOYEES OF THE FOUNDATION AND BJC HEALTH SYSTEM (BJC) MAY ALSO SERVE ON THE BOARDS OF OTHER RELATED OR UNRELATED ORGANIZATIONS. ADDITIONALLY, CERTAIN FAMILY MEMBERS OF OFFICERS, DIRECTORS OR KEY EMPLOYEES MAY, DURING THE NORMAL COURSE OF BUSINESS YET CONSISTENT WITH THE STATED EXEMPT PURPOSE OF THE FOUNDATION, ENGAGE IN TRANSACTIONS IN WHICH POTENTIAL CONFLICTS OF INTEREST COULD EXIST. THESE OFFICERS, DIRECTORS, KEY EMPLOYEES AND RELATED PERSONS DISCLOSE THESE POTENTIAL CONFLICTS TO THE FOUNDATION AND BJC ANNUALLY AND DO NOT PARTICIPATE IN DECISIONS IN WHICH THEY HAVE SUCH CONFLICTS. SUCH CONFLICTS AND RELATIONSHIPS ARE REVIEWED TO ENSURE THAT ANY PAYMENTS RECEIVED OR AMOUNTS PAID DO NOT EXCEED THE FAIR MARKET VALUE OF THE GOODS AND SERVICES RECEIVED BY THE FOUNDATION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	BARNES-JEWISH HOSPITAL IS THE SOLE CORPORATE MEMBER OF THE REPORTING ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	BARNES-JEWISH HOSPITAL HAS THE POWER TO ELECT OR APPOINT MEMBERS OF THE FOUNDATION BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	CHANGES TO FOUNDATION BY LAWS OR GOVERNING DOCUMENTS ARE SUBJECT TO THE APPROVAL OF BARNES-JEWISH HOSPITAL, THE SOLE CORPORATE MEMBER, AND BJC HEALTH SYSTEM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION PREPARES DRAFT COPIES OF FORM 990 AND ATTACHMENTS FOR REVIEW BY MEMBERS OF FINANCE, LEGAL AND TAX DEPARTMENTS. THE FINAL DRAFT RETURNS ARE REVIEWED BY AN INDEPENDANT ACCOUNTING FIRM AND A COMPLETE COPY IS PROVIDED FOR THE FOUNDATION BOARD OF DIRECTORS TO REVIEW. QUESTIONS AND COMMENTS THAT ARISE DURING THE INDIVIDUAL BOARD MEMBER REVIEWS OF THE FORMS ARE ADDRESSED IN ADVANCE OF SUBMISSION TO THE APPROPRIATE TAXING AUTHORITIES.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE POLICY BY ISSUING ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE REMINDING COVERED INDIVIDUALS OF THEIR OBLIGATIONS TO DISCLOSE POTENTIAL CONFLICTS AND REQUESTING THAT THEY COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRE REQUIRES THE DISCLOSURE OF CONFLICTS AND AN ATTESTATION TO THEIR CONTINUING OBLIGATION TO DISCLOSE SAID CONFLICTS SHOULD THE NEED ARISE. THE RESULTS OF THE CONFLICT OF INTEREST QUESTIONNAIRE ARE REVIEWED BY A CENTRALIZED COMPLIANCE DEPARTMENT AND APPROPRIATE ACTION TAKEN AS NECESSARY. SHOULD THE ORGANIZATION BECOME AWARE OF A CONFLICT NOT PREVIOUSLY REPORTED, ITS GENERAL COUNSEL WOULD INVESTIGATE THE ISSUE AND RESPOND IN ACCORDANCE WITH THE POLICY.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE FOR INSPECTION BY THE GENERAL PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	EQUITY TRF TO BJSPH/PROGRESS WEST FOUNDATION -376,967 EQUITY TRF FROM BARNES-JEWISH HOSPITAL 52,140 EQUITY TRF FROM BARNES-JEWISH HOSPITAL AUXILIARY 132,690 EQUITY TRF FROM BJC GIFT - CASTELLANO 12,500

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

2012

Open to Public Inspection

Name of the organization
THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

Employer identification number
43-1648435

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) 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" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE HEART CARE INSTITUTE LLC 1020 NORTH MASON ROAD ST LOUIS, MO 63141 43-1870517	MEDICAL SERVICES	MO	N/A	RELATED				No			No	
(2) GAMMA KNIFE CENTER AT BARNES JEWISH HOSP LLC 216 SOUTH KINGSHIGHWAY ST LOUIS, MO 63110 43-1846941	OUTPATIENT CARE SERVICES	MO	N/A	RELATED				No			No	
(3) SURGERY CENTER OF FARMINGTON LLC 400 PARKLAND DRIVE FARMINGTON, MO 63640 43-1811835	MEDICAL SERVICES	MO	N/A	RELATED				No			No	
(4) CHILDREN'S DISCOVERY INSTITUTE LLC 4901 FOREST PARK AVE ST LOUIS, MO 63108	SEARCH FOR CURES OF PEDIATRIC DISEASES	MO	N/A	RELATED				No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

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

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 or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BJH AUXILIARY - PARKVIEW CHAPTER	C	132,690	CASH
(2) BJSP & PW FOUNDATION	B	376,966	CASH

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]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:

Software Version:

EIN: 43-1648435

Name: THE FOUNDATION FOR BARNES-JEWISH HOSPITAL

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	(g) Section 512 (b)(13) controlled organization
ALTON MEMORIAL HOSPITAL ONE MEMORIAL HOSPITAL DRIVE ALTON, IL 62002 37-0661172	HEALTHCARE SERVICES	IL	501(C)(3)	3	CH ALLIED SERVICES INC	Yes
ALTON MEMORIAL HEALTH SERVICES FOUNDATION 1109 N OXFORDSHIRE LANE EDWARDSVILLE, IL 62025 37-1177053	SUPPORT TO AMH	IL	501(C)(3)	11C	ALTON MEMORIAL HOSPITAL	Yes
BARNES-JEWISH HOSPITAL ONE BARNES-JEWISH HOSPITAL PLAZA ST LOUIS, MO 63110 23-7309937	HEALTHCARE SERVICES	MO	501(C)(3)	3	BJC HEALTH SYSTEM	Yes
BARNES JEWISH HOSP AUXILIARY PARKVIEW CHAPTER 216 SO KINGSHIGHWAY CAB 140 ST LOUIS, MO 63110 23-7000410	SUPPORT TO BJH	MO	501(C)(3)	11C	BARNES-JEWISH HOSPITAL	Yes
BARNES JEWISH ST PETERS & PROGRESS WEST FOUNDATION 10 HOSPITAL DRIVE ST PETERS, MO 63376 45-4471497	SUPPORT TO BJSPH & PROGRESS WEST	MO	501(C)(3)	7	BJSP HOSPITAL & PROGRESS WEST	Yes
BARNES-JEWISH ST PETERS HOSPITAL INC 10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1452426	HEALTHCARE SERVICES	MO	501(C)(3)	3	BARNES-JEWISH HOSPITAL	Yes
BARNES-JEWISH ST PETERS HOSPITAL AUXILIARY 10 HOSPITAL DRIVE ST PETERS, MO 63376 43-1232811	SUPPORT TO BJSP HOSPITAL	MO	501(C)(3)	3	BARNES-JEWISH ST PETERS HOSPITAL	Yes
BARNES-JEWISH WEST COUNTY HOSPITAL 12634 OLIVE STREET ROAD CREVE COEUR, MO 63141 43-1527130	HEALTHCARE SERVICES	MO	501(C)(3)	3	BARNES-JEWISH HOSPITAL	Yes
BJC BEHAVIORAL HEALTH 1430 OLIVE STREET SUITE 400 ST LOUIS, MO 63103 43-1610561	HEALTHCARE SERVICES	MO	501(C)(3)	3	BJC HEALTH SYSTEM	Yes
BJC CORPORATE HEALTH SERVICES 5000 MANCHESTER AVENUE ST LOUIS, MO 63110 43-1324103	HEALTHCARE SERVICES	MO	501(C)(3)	3	BARNES-JEWISH HOSPITAL	Yes
BJC HEALTH SYSTEM 4901 FOREST PARK AVE STE 1200 ST LOUIS, MO 63108 43-1617558	SUPPORTING ORG	MO	501(C)(3)	11A	N/A	No
BJC HOME CARE SERVICES 1935 BELTWAY DRIVE ST LOUIS, MO 63114 43-1450457	HEALTHCARE SERVICES	MO	501(C)(3)	9	BARNES-JEWISH HOSPITAL	Yes
BOONE HOSPITAL CENTER'S VISITING NURSES INC 601 BUSINESS LOOP 70 W SUITE 280 COLUMBIA, MO 65203 43-0998347	HEALTHCARE SERVICES	MO	501(C)(3)	9	CH ALLIED SERVICES INC	Yes
CH ALLIED SERVICES INC 1600 E BROADWAY COLUMBIA, MO 65201 43-1279063	HEALTHCARE SERVICES	MO	501(C)(3)	3	CH HEALTH SERVICES DEV CORP	Yes
CHRISTIAN HEALTH SERVICES DEV CORP 11133 DUNN ROAD ST LOUIS, MO 63136 43-1230583	HEALTHCARE SERVICES	MO	501(C)(3)	11A	BJC HEALTH SYSTEM	Yes
CHILDREN'S HEALTH NETWORK ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-1640467	HEALTHCARE SERVICES	MO	501(C)(3)	9	ST LOUIS CHILDREN'S HOSPITAL	Yes
CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST 11133 DUNN ROAD ST LOUIS, MO 63136 43-6057893	HEALTHCARE SERVICES	MO	501(C)(3)	3	CH HEALTH SERVICES DEV CORP	Yes
CHRISTIAN HOSPITAL FOUNDATION 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 43-1947644	SUPPORT TO CHNE	MO	501(C)(3)	7	CHRISTIAN HOSPITAL NORTHEAST-NORTHWEST	Yes
CHRISTIAN HOSP ILLINOIS SVCS 8 SUNSET HILLS EDWARDSVILLE, IL 62025 26-0131339	HEALTHCARE SERVICES	MO	501(C)(3)	3	CH ALLIED SERVICES INC	Yes
COMMUNITY HEALTH CONNECTION 4353 CLAYTON AVE ROOM 164 ST LOUIS, MO 63110 46-0819384	HEALTHCARE SERVICES	MO	501(C)(3)	9	BJC HEALTH SYSTEM	Yes

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	(g) Section 512 (b)(13) controlled organization
FAIRVIEW HEIGHTS MEDICAL GROUP SC 670 MASON RIDGE CENTER DR SUITE 300 ST LOUIS, MO 63141 36-4147189	HEALTHCARE SERVICES	IL	501(C)(3)	3	BJC HEALTH SYSTEM	Yes
MISSOURI BAPTIST HOSPITAL OF SULLIVAN AUXILIARY 751 SAPPINGTON BRIDGE SULLIVAN, MO 63080 43-1349641	SUPPORT TO MBHS	MO	501(C)(3)	3	MISSOURI BAPTIST HOSPITAL OF SULLIVAN	Yes
MISSOURI BAPTIST HOSPITAL OF SULLIVAN 751 SAPPINGTON BRIDGE SULLIVAN, MO 63080 43-1459495	HEALTHCARE SERVICES	MO	501(C)(3)	3	MISSOURI BAPTIST MEDICAL CENTER	Yes
MISSOURI BAPTIST MEDICAL CENTER 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-0652656	HEALTHCARE SERVICES	MO	501(C)(3)	3	BJC HEALTH SYSTEM	Yes
PARKLAND HEALTH CENTER 1101 WEST LIBERTY ST FARMINGTON, MO 63640 43-1332368	HEALTHCARE SERVICES	MO	501(C)(3)	3	MISSOURI BAPTIST MEDICAL CENTER	Yes
PARKLAND HEALTH CENTER FOUNDATION 1101 WEST LIBERTY ST FARMINGTON, MO 63640 90-0424964	SUPPORT TO PHC	MO	501(C)(3)	7	MISSOURI BAPTIST MEDICAL CENTER	Yes
PROGRESS EAST HEALTHCARE CENTER 11155 DUNN ROAD SUITE 300 N ST LOUIS, MO 63136 26-1343214	HEALTHCARE SERVICES	IL	501(C)(3)	3	CH ALLIED SERVICES INC	Yes
PROGRESS WEST HEALTHCARE CENTER 2 PROGRESS POINT PARKWAY OFALLON, MO 63368 41-2140764	HEALTHCARE SERVICES	MO	501(C)(3)	3	BJC HEALTH SYSTEM	Yes
ST LOUIS CHILDREN'S HOSPITAL FOUNDATION ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-1626863	SUPPORT TO SLCH	MO	501(C)(3)	7	ST LOUIS CHILDREN'S HOSPITAL	Yes
ST LOUIS CHILDREN'S HOSPITAL ONE CHILDRENS PLACE ST LOUIS, MO 63110 43-0654870	HEALTHCARE SERVICES	MO	501(C)(3)	3	BJC HEALTH SYSTEM	Yes
VILLAGE NORTH INC 11160 VILLAGE NORTH DRIVE ST LOUIS, MO 63136 43-1207154	HEALTHCARE SERVICES	MO	501(C)(3)	9	CH HEALTH SERVICES DEV CORP	Yes

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, S or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ATG ASSURANCE COMPANY LTD PO BOX 1109 GRAND CAYMAN CJ 98-0599167	INSURANCE	CJ	BJC HEALTH SYSTEM	C	133,831	14,338,543	100 000 %	Yes	
PF SERVICES INC 11155 DUNN ROAD ST LOUIS, MO 63136 43-1237767	MANAGEMENT SERVICES	MO	CHRISTIAN HEALTH SERVICES DEV CORP	C	13	93,206	100 000 %	Yes	
MB MEDICAL SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1437404	HEALTHCARE SERVICES	MO	MISSOURI BAPTIST MEDICAL CENTER	C	2	18,262	100 000 %	Yes	
MISSOURI BAPTIST HOME HEALTH CARE INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1460430	INACTIVE	MO	MB MEDICAL SERVICES INC	C			100 000 %	Yes	
MB PHARMACY SERVICES INC 3015 N BALLAS ROAD ST LOUIS, MO 63131 43-1640730	INACTIVE	MO	MB MEDICAL SERVICES INC	C			100 000 %	Yes	
ST PETERS MED OFFICE BLDG A CONDO ASSN INC 1040 N MASON SUITE 109 ST LOUIS, MO 63141 43-1472188	CONDOMINIUM ASSOCIATION	MO	BARNES- JEWISH ST PETERS HOSPITAL	C	321,172	291,024	95 110 %	Yes	
DMP MIDWEST INC ONE METROPOLITAN SQ 2600 ST LOUIS, MO 63102 27-1943910	INACTIVE	MO	PF SERVICES INC	C			100 000 %	Yes	
BJC HEALTHCARE FUND LTD 90 FORT ST PO BOX 32021 GRAND CAYMAN CJ	INACTIVE	CJ	BJC HEALTH SYSTEM	C			100 000 %	Yes	
WLA INVESTMENT LTD PO BOX 178 OKOTOKS, ALBERTA CA	INVESTMENT HOLDINGS	CA	BMCA PRIVATE EQUITY LLC	C	5,768,863	23,239,524	100 000 %	Yes	