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Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 05/01, 2008, and ending 04/30, 2009

Form 990 header section containing organization name (ST. JOHN MEDICAL CENTER AUXILIARY INC), address (1923 SOUTH UTICA AVENUE, TULSA, OK 74104), principal officer (GWEN HUMPHREY), and other identifying information.

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets.

Part II Signature Block

Declaration text: Under penalties of perjury, I declare that I have examined this return... Signature of Gwen Humphrey, President, dated Mar 10, 2010.

Preparer information section: Karen L. Nelson, KPMG LLP, dated 3/9/2010, EIN 13-5565207, Phone 405-239-6411.

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED APR 06 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO PROVIDE QUALITY SERVICE, COMPASSIONATE CARE AND SUPPORT TO
PATIENTS, FAMILIES AND STAFF OF ST. JOHN MEDICAL CENTER

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

If "Yes" describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ 700,000.) (Revenue \$ 1,140,085)

THE MISSION OF THE ST. JOHN AUXILIARY IS TO PROVIDE QUALITY
SERVICE, COMPASSIONATE CARE AND SUPPORT TO PATIENTS, FAMILIES AND
STAFF OF ST. JOHN MEDICAL CENTER, INC. SEE SCHEDULE O

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

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

4d Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 700,000. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 27 numbered questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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	X
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	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form with questions 1a through 12b regarding IRS filings and tax compliance, including sections on backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and contributions.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions

Table with 11 rows of questions (1a-11) and columns for Yes/No. Includes sub-questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9a, 9b, 10, 11.

Section B. Policies

Table with 8 rows of questions (12a-16b) and columns for Yes/No. Includes sub-questions 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GWEN HUMPHREY PRESIDENT	12.	X					NONE	NONE	NONE	
CLAUDIA ITEN FIRST VICE-PRESIDENT	6.	X					NONE	NONE	NONE	
EVE O'KELLEY SECOND VICE-PRESIDENT	6.	X					NONE	NONE	NONE	
LEWIS CHANDLER THIRD VICE-PRESIDENT	6.	X					NONE	NONE	NONE	
ANNA HARRIS RECORDING SECRETARY	4.	X					NONE	NONE	NONE	
JULIE MAYFIELD CORRESPONDING SECRETARY	4.	X					NONE	NONE	NONE	
MARY CATRON TREASURER	12.	X					NONE	NONE	NONE	
LEON SCHNEIDER ASST. TREASURER	4.	X					NONE	NONE	NONE	
JOSEPH EFFIRD PARLIAMENTARIAN	1.	X					NONE	NONE	NONE	
FERNE HOWELL PAST-PRESIDENT	1.	X					NONE	NONE	NONE	

Part VIII Statement of Revenue

73-0999759

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	1,870				
	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	439.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		2,309.				
Program Service Revenue	2a	FIRST FOTO	Business Code 900099	4,837.			4,837	
	b	BREAST PUMP RENTAL	532420	6,237	6,237.			
	c	UNIFORMS	900099	2,807	2,807.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		13,881				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,006.			6,006.
4		Income from investment of tax-exempt bond proceeds		NONE				
5		Royalties		NONE				
6a		Gross Rents	(i) Real	(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)		NONE				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)		NONE				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	83,392				
b	Less direct expenses	b	70,713					
c	Net income or (loss) from fundraising events		11,679			11,679.		
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		NONE					
10a	Gross sales of inventory, less returns and allowances	a	1,126,204					
b	Less cost of goods sold	b	675,979					
c	Net income or (loss) from sales of inventory		450,225.			450,225.		
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS INCOME		900099	2,717			2,717.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			2,717				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			486,817	9,044.		475,464.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	700,000.	700,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	NONE			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	18,290.		18,290.	
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	15,990.		15,990.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,436.		2,436.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a JUNIOR AUXILIARY EXPENSE _ _ _ _ _	2,847.		2,847.	
b DISPLAYS _ _ _ _ _	2,642.		2,642.	
c PACKAGING _ _ _ _ _	4,031.		4,031.	
d OTHER EXPENSES _ _ _ _ _	15,614.		15,614.	
e _ _ _ _ _				
f All other expenses _ _ _ _ _				
25 Total functional expenses. Add lines 1 through 24f	761,850.	700,000.	61,850.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	44,844.	1	28,015.
	2	Savings and temporary cash investments	299,520.	2	41,315.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis	10a		
	b	Less accumulated depreciation Complete Part VI of Schedule D.	10b	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	344,364.	16	69,330.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	344,364.	32	69,330.
33	Total net assets or fund balances	344,364.	33	69,330.	
34	Total liabilities and net assets/fund balances.	344,364.	34	69,330.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	
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	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

Employer identification number

ST. JOHN MEDICAL CENTER AUXILIARY INC.

73-0999759

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 (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

(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 US?		(vii) Amount of 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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008; 15 Public support percentage from 2007; 16a 33 1/3% support test - 2008; 16b 33 1/3% support test - 2007; 17a 10%-facts-and-circumstances test - 2008; 17b 10%-facts-and-circumstances test - 2007; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,058	2,525	3,745	4,654	2,309	15,291
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	1,159,543	1,251,438	1,272,575	1,320,729	1,222,477	6,226,762
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 1-5	1,161,601	1,253,963	1,276,320	1,325,383	1,224,786	6,242,053
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						6,242,053

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1,161,601	1,253,963	1,276,320	1,325,383	1,224,786	6,242,053
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,631	10,198	3,433	13,994	6,005	41,261
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,631	10,198	3,433	13,994	6,005	41,261
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)	8	970	804		2,717	4,499
13 Total support. (Add lines 9, 10c, 11, and 12)						6,287,813
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	99.27%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.50%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.66%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.47%

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER INCOME	8.	970.	804		2,717.	4,499.
TOTALS	8.	970.	804.		2,717	4,499.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		BOOK SALE (event type)	JEWELRY SALE (event type)	NONE (total number)		
Revenue	1	Gross receipts	66,903.	15,487.	82,390.	
	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	66,903.	15,487.	82,390.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	65,304.	5,408.	70,712.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(70,712.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				11,678.

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)				

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

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

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

SUPPLEMENTAL INFORMATION 1

PART I, LINE 2

ST JOHN MEDICAL CENTER AUXILIARY (AUXILIARY) PROVIDES SUPPORT TO THE ST JOHN MEDICAL CENTER FOUNDATION (SJMC FDN). SJMC FDN IS A PUBLICLY SUPPORTED CHARITY WHICH PROVIDES FUNDRAISING ACTIVITIES FOR ST JOHN MEDICAL CENTER (SJMC) A TAX-EXEMPT HOSPITAL. THE AUXILIARY SELECTS A SPECIFIC PROJECT IT WANTS TO SUPPORT AND MAKES A PLEDGE TO THE SJMC FDN FOR THIS PROJECT. THE PLEDGE IS PAID TO THE SJMC FDN OVER A PERIOD OF TIME IN INSTALLMENTS. THE AUXILIARY'S CURRENT PLEDGE IS TO PAY FOR THE DIGITAL MAMMOGRAPHY EQUIPMENT ALREADY IN USE BY SJMC. THE AUXILIARY

Part I Liquidation, Termination, or Dissolution (continued)

Note If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instruments? If "No," describe in Part III
- 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated? (If "Yes," provide the date of the letter)
- 5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- 5b If "Yes," did the organization provide such notice?
- 6 Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a Did the organization have any tax-exempt bonds outstanding during the year?
- 7b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	05/06/2008	200,000.		73-1133139	ST JOHN MEDICAL CENTER FOUNDATION 1923 S. UTICA TULSA, OK 74104	501(C)(3)
	CASH	12/10/2008	250,000		73-1133139	ST. JOHN MEDICAL CENTER FOUNDATION 1923 S. UTICA TULSA, OK 74104	501(C)(3)
	CASH	04/21/2009	250,000.		73-1133139	ST. JOHN MEDICAL CENTER FOUNDATION 1923 S. UTICA TULSA, OK 74104	501(C)(3)

- 2 Did or will any officer, director, trustee, or key employee of the organization
 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

	Yes	No
2a		X
2b		X
2c		X
2d		X

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information.

SUPPLEMENTAL INFORMATION 1

PART II, LINE 1

ST. JOHN MEDICAL CENTER AUXILIARY (AUXILIARY) PROVIDES SUPPORT TO THE ST.

JOHN MEDICAL CENTER FOUNDATION (SJMC FDN). SJMC FDN IS A PUBLICLY

SUPPORTED CHARITY WHICH PROVIDES FUNDRAISING ACTIVITIES FOR ST JOHN

MEDICAL CENTER (SJMC) A TAX-EXEMPT HOSPITAL. THE AUXILIARY CONTRIBUTED

FUNDS TO THE SJMC FDN TO PAY FOR DIGITAL MAMMOGRAPHY EQUIPMENT FOR SJMC.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

ST. JOHN MEDICAL CENTER AUXILIARY INC.

73-0999759

GENERAL ATTACHMENT 1

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A:

THIS IS ACCOMPLISHED THROUGH THE PROVISIONS OF VOLUNTEER SERVICES AND DONATIONS TO ST. JOHN MEDICAL CENTER FOUNDATION AND INCLUDES OPERATION OF GIFT SHOPS THAT SERVE THE NEEDS OF EMPLOYEES, PATIENTS AND VISITORS AND SPECIAL FUNDRAISING EVENTS. SERVICES NOW INCLUDE A BRANCH OF OUR AUXILIARY AT ST. JOHN OWASSO AND PROJECT SEARCH, A PARTNERSHIP THAT PROVIDES EMPLOYMENT TRAINING AND AN ONSITE CLASSROOM FOR HIGH SCHOOL SENIORS IN SPECIAL EDUCATION.

OVER 69,900 SERVICE HOURS WERE CONTRIBUTED. VOLUNTEERS NOW SPAN 45 DIFFERENT AREAS WITH AN IMPRESSIVE LIST OF SUPPORT SERVICE INCLUDING, PASTORAL CARE AIDES, GUEST SERVICES, DIRECTING AND ESCORTING PATIENTS AND FAMILIES, OFFERING COMFORT IN FAMILY WAITING AREAS, CUDDLING FOR NICU BABIES, VISITING PATIENTS, ASSISTING EMERGENCY DEPARTMENT STAFF AND STAFFING TWO GIFT SHOPS AND SPECIAL FUND RAISING EVENTS.

THE AUXILIARY HAS ALSO BEEN AN IMPORTANT SOURCE OF FINANCIAL ASSISTANCE FOR ST. JOHN MEDICAL CENTER, INC., DONATING FUNDS EACH YEAR FOR IMPORTANT MEDICAL CARE AND VISITOR SERVICES IMPROVEMENTS. CURRENTLY, THE AUXILIARY IS WORKING ON FULFILLING THE MOST AMBITIOUS PLEDGE IN ITS HISTORY - A \$2 MILLION DOLLAR DONATION TO PAY FOR DIGITAL MAMMOGRAPHY EQUIPMENT THAT IS ALREADY IN PLACE AND CHANGING LIVES IN OUR COMMUNITY. CONTRIBUTIONS FOR FY 2009 TOTALED \$700,000.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Employer identification number

THE AUXILIARY IS VERY ACTIVE IN PROMOTING VOLUNTEERISM AND MEDICAL
CAREERS FOR TEENS AGES 14-17 THROUGH THE PROGRAM "GENERATION IMPACT- THE
FUTURE OF HEALTH CARE." GENERATION IMPACT INCORPORATES INTERESTED MEMBERS
OF OUR MEDICAL EXPLORER TROOP AND YOUTH FROM HIGH SCHOOLS THROUGHOUT THE
GREATER TULSA AREA. OUR STUDENT MIX REPRESENTED THIRTY-FOUR HIGH SCHOOLS
AND HOME SCHOOLED TEENS. THE TEENS VOLUNTEERED IN FORTY AREAS OF ST. JOHN
MEDICAL CENTER AND ST. JOHN OWASSO RANGING FROM DIETARY TO DIALYSIS.
SHADOWED WITH MEDICAL PROFESSIONALS AND ATTENDED CLASSES THAT INCLUDED
COMMUNICATING WITH COMPASSION, RESUME WRITING AND MEDICAL CAREER
PREPARATION. A SCHOOL YEAR COMPONENT FOR THE PROGRAM IS IN ITS SECOND
YEAR. IT OFFERS FLEXIBILITY FOR TEENS WITH EARLY EVENING AND WEEKEND
SERVICE TIMES AND PROVIDES TRAINING FOR OUR CASCIA HALL STUDENT INTERNS.

Name of the organization ST. JOHN MEDICAL CENTER AUXILIARY INC.	Employer identification number 73-0999759
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GENERAL ATTACHMENT 2

PART VI: GOVERNANCE MANAGMENT, AND DISCLOSURE

LINE 6:

MEMBERS OF THE ST. JOHN MEDICAL CENTER AUXILIARY (AUXILIARY) HAVE THE FOLLOWING RIGHTS: TO APPROVE AMENDMENTS TO THE AUXILIARY'S ORGANIZATIONAL DOCUMENTS AND TO VOTE ON MEMBERS OF THE GOVERNING BODY.

LINE 7A:

THE GOVERNING BODY OF ST. JOHN MEDICAL CENTER AUXILIARY (AUXILIARY) IS ELECTED BY ITS MEMBERS. THE AUXILIARY USES A NOMINATING COMMITTEE WHICH IS RESPONSIBLE FOR PROPOSING A SLATE OF OFFICERS. THE NOMINATING COMMITTEE IS COMPRISED OF SIX AUXILIARY MEMBERS WHO SERVE ON A ROTATING BASIS OF THREE YEARS. NOMINATIONS MAY BE SUBMITTED TO THIS COMMITTEE BY OTHER AUXILIARY MEMBERS. THE ELECTION BALLOT PREPARED BY THIS COMMITTEE IS MAILED TO THE GENERAL MEMBERSHIP. A SIMPLE MAJORITY OF VOTES BY THE GENERAL MEMBERSHIP IS REQUIRED FOR THE ELECTION.

LINE 10:

ST. JOHN MEDICAL CENTER AUXILIARY (AUXILIARY) IS AFFILIATED WITH THE ST JOHN HEALTH SYSTEM (SYSTEM), A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM. THE SYSTEM HIRES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF THE FORM 990 TO PREPARE THE RETURN. THE RETURN IS REVIEWED BY THE TREASURER AND PRESIDENT OF THE AUXILIARY AND THE CHIEF FINANCIAL OFFICER OF THE ST. JOHN HEALTH SYSTEM. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

LINE 12C:

Name of the organization ST. JOHN MEDICAL CENTER AUXILIARY INC.	Employer identification number 73-0999759
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ST. JOHN MEDICAL CENTER AUXILIARY (AUXILIARY) IS AFFILIATED WITH THE ST JOHN HEALTH SYSTEM, A COMPREHENSIVE TERTIARY HEALTH CARE DELIVERY SYSTEM. THE OFFICERS AND DIRECTORS OF THE AUXILIARY REVIEW AND COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THIS QUESTIONNAIRE IS REVIEWED BY THE ST. JOHN HEALTH SYSTEM COMPLIANCE OFFICER.

LINE 15:
ST. JOHN MEDICAL CENTER AUXILIARY, INC. DOES NOT HAVE ANY OFFICERS OR KEY EMPLOYEES THAT ARE COMPENSATED BY THE ORGANIZATION. AS SUCH, A PROCESS FOR DETERMINING THE COMPENSATION FOR THESE INDIVIDUALS HAS NOT BEEN REQUIRED.

LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. THE INFORMATION ON THE FORM 990 IS PUBLIC INFORMATION AND IS AVAILABLE ON REQUEST.